CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF

VITAL STATISTICS

DEATHS

BEGINNING 1910

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health, BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. [ ] Establish retention period for records which are accumulating daily.

B. [ ] Dispose of present accumulation, no additional accumulation anticipated.

C. [ ] Microfilm and destroy originals.

D. [X] Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES [ ] NO [X]

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval — Robert E. Farber, M.D. — Title: Commissioner of Health — 3/28/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method A. [ ] To be sold as scrap or waste paper	B. [X] To be Burned or shredded	C. [ ] Historical, (to be transferred to Dept. of Legislative Reference.)
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent			

REMARKS: 2 negative Rolls

C P Force — Records Management Officer — 3/28/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER

5. APPROVED: DIRECTOR, DEPT. OF PUBLIC WORKS

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM

7. APPROVED: DIRECTOR, DEPT. OF LEGISLATIVE REFERENCE

FILED ON FILM

IN

NUMERICAL ORDER

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

M. D. P. 1208-9

Z. 11586 Z. 11158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Estelle G Wallace (Estelle G. Wallace)

(a) Residence: No. 3205 Alameda Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F. Wallace

6. DATE OF BIRTH (month, day, year) April 1, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles E. Peterson

14. BIRTHPLACE (city or town) (State or country) Sweden

MOTHER

15. MAIDEN NAME Susan Hicks

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. W. Lloyd Wallace

(Address) 3205 Alameda Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 13, 1935

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from 4/10/35, 19 to 4/10/35, 19

I last saw her alive on 4/10/35, 19. Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease
Cerebral Hemorrhage

about 5 hrs

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. Smith M. D.

(Address) Mercy Hospital

M. D. F. 1269-9

11421

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11421

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 117 Parkin St., 18 Ward)

Length of residence in city or town where death occurred 72 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Jennie H. Parker

(a) Residence: No. 117 Parkin St., ___ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced RUSBAND of (or) WIFE of the late Charles G. Parker

6. DATE OF BIRTH (month, day, year) Sept 22nd 1862.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72.	6	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

FATHER

13. NAME John L. Warden

14. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Brown

16. BIRTHPLACE (city or town) (State or country) St Marys Co. Md.

17. INFORMANT Mr Fred L. Warden

(Address) 117 Parkin St.

18. BURIAL, CREMATION, OR REMOVAL

Edmondson Cem. Baltimore Co. Date 4/9/1935

19. UNDERTAKER John J. Conaughton

(Address) 1601 Gilmor St.

20. Filed ___ 19___ ___ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6/1935

22. I HEREBY CERTIFY, That I attended deceased from 4/2/35, 19..., to 4/6/35, 19...

I last saw her alive on 4/6/35, 19... Death is said to have occurred on the date stated above, at 10 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Int. Nephritis	7
Myocarditis	

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19...

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Bernard J. Fury, M. D.

(Address) 910 Wilkens Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 11422

HEALTH DEPARTMENT—CITY OF BALTIMORE

11422

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 S. Schroeder St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleonora Kroeger

(a) Residence: No. 100 S. Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 26, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Louis Kroeger

14. BIRTHPLACE (city or town) (State or country) Lubbecke Germany

MOTHER

15. MAIDEN NAME Mary Marguarding

16. BIRTHPLACE (city or town) (State or country) Bahrenberg Germany

17. INFORMANT Miss Kate C. Kroeger
(Address) 100 S. Schroeder St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 1935

19. UNDERTAKER Joseph B. Cook
(Address) 1000 E. Baltimore St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to April 4 1935

I last saw her alive on April 4 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Other contributory causes of importance:	
Myocardial Failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Hobart Keech, M. D.

(Address) 2502 Calverton Heights Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11423 11423

CERTIFICATE OF DEATH

119

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Szeliga

(a) Residence: No. 2305 Duker Et St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edward Szeliga

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Rosaly Kusyk

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Edward Szeliga

(Address) 2305 Duker Ct

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem 4/8 19 35

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5, 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumina	
Other contributory causes of importance: Diarrhea-type undetermined	

Name of operation ... Date of ...

What test confirmed diagnosis? inquiry Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 608 E Monument

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

11424 ✓ F 11424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HERMAN MICHAEL NEIS

(a) Residence: No. 905 N. Broadway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-26-58

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME JOHN ✓ NEIS

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME CATHERINE WANO

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Deceased

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 8, 1935

19. UNDERTAKER William G. Schaffer

(Address) 1116 E. Monument St

24. FILED APR 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1935, to April 5, 1935

I last saw h[illegible] alive on April 5, 1935 Death is said to have occurred on the date stated above, at 5:50 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Other contributory causes of importance:	
Bronchopneumonia	2-27-35
Arteriosclerosis, general	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Heiman M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1468-9

F 11425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 W Hamburg St. 7 Ward)

Length of residence in city or town where death occurred 33 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura V Stripey

(a) Residence: No. 1128 W Hamburg St. Ward. none

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 8 - 1901

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) Sept April 2, 1935

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Otis Stripey

14. BIRTHPLACE (city or town) (State or country) Jackson Ohio

MOTHER

15. MAIDEN NAME Annie E Frank

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Annie E Stripey

(Address) 1128 W Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudenslager Cem Date April 8, 1935

19. UNDERTAKER Towell & Byers

(Address) 2924 Edmondson Ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934, to April 4, 1935

I last saw h.e alive on April 4, 1935. Death is said to have occurred on the date stated above, at 4:55 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	4/4/35
Other contributory causes of importance: Rheumatic Cardio-Vascular Disease	6 mos

Name of operation ... Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Joseph E. Laskaris M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9M

F 11426

29725 F 11426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119.

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hopkins Hosp St., 9 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Bollman

(a) Residence: No. 519 E 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/18/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Charles Bollman

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Forest

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date April 8 1935

19. UNDERTAKER Towell & Byrd
(Address) 2324 Edmondson Ave.

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935 to April 5, 1935

I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 8:00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea	March 23rd

Other contributory causes of importance:

Jaundice — first few weeks of life

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Seward M. D.

(Address) J-H-H

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs 3

C-1935

M. D. B. 126 F 11427

F 11427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH 501 N. Lakewood Ave.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 47 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 47 yrs. ... mos. ... ds.

2. FULL NAME James Peterka, Sr.

(a) Residence: No. 501 N Lakewood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Anna

6. DATE OF BIRTH (month, day, year) June 20, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	9	16 15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies wear

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Cedio Slovakia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Cedio Slovakia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Cedio Slovakia

17. INFORMANT Marie Anna Peterka
(Address) 501 N Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 8 1935

19. UNDERTAKER Frank Grack & Son
(Address) 1906 Belnord Ave.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to April 5 1935

I last saw him alive on April 5 1935 Death is said to have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4 da.
cerebral hemorrhage	4 da.
Other contributory causes of importance:	
chronic interstitial nephritis	?
myocarditis	
hypertension	

Name of operation none Date of .....

What test confirmed diagnosis? physical findings Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) L. C. Tobtial M. D.

(Address) 442 N. Kenwood Ave.

F 11428

M. D. F. 1-29 F 11428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1008 Rosedale St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha R. Varina

(a) Residence: No. 1008 Rosedale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
F	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Condon E Varina

6. DATE OF BIRTH (month, day, year) Aug 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
69	67	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James E. Buckey

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT James T. Varina
(Address) 1022 Rosedale

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Park Date 4/8 19 35

19. UNDERTAKER W J Tschan & Sons
(Address) Balto Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 1935 to Apr 5 1935

I last saw her alive on Apr 3 1935 Death is said to have occurred on the date stated above, at 12:30 AM.

The principal cause of death and related causes of importance were as follows: Cerebral Hemorrhage. — Date of onset

Other contributory causes of importance: Chr. Nephritis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) George E. Shannon M. D.

(Address) 700 N. Fulton Av

V 53

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269

F 11429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11429

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Howard A. Kelly Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pearl Kohler

(a) Residence: No. Fayetteville Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: 1877

6. DATE OF BIRTH (month, day, year) Fayetteville, Pa

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. graduate nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) 2 years ago

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Fayetteville Pa

FATHER

13. NAME John M. Kohler

14. BIRTHPLACE (city or town) (State or country) Fayetteville Pa

MOTHER

15. MAIDEN NAME Margaret McKean

16. BIRTHPLACE (city or town) (State or country) Fayetteville Pa

17. INFORMANT Mrs. Paul Turner (sister)

(Address) Chambersburg Pa

18. BURIAL, CREMATION, OR REMOVAL

Place Chambersburg Pa Date 4/8/35 19

19. UNDERTAKER W. J. Tudor & Son

(Address) Waynesboro Pa

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8. 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 4 . 1935 to Apr 8 . 1935

I last saw her alive on Apr 6 . 1935. Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papillary adenocarcinoma of uterine body — operation (partial hysterectomy) on Apr 4 - 1935 Dr Curtis Burnam.	
Other contributory causes of importance: Respiratory failure Uremia	

Name of operation Partial hysterectomy Date of Apr 4

What test confirmed diagnosis? microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John A. Kelly M. D.

(Address) 1413 East Monument

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11430

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 Warren Ave St., 24 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward T. Parlett

(a) Residence: No. 303 Warren Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Emma F. Parlett

6. DATE OF BIRTH (month, day, year) Feb 5 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1903

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer B & O

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oakland Maryland

FATHER

13. NAME William H Parlett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ann R Martin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs Emma F Parlett
(Address) 303 Warren ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 6 1935

19. UNDERTAKER John F Denny
(Address) 715 Light St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935 to April 5, 1935
I last saw him alive on April 4, 1935 Death is said to have occurred on the date stated above, at 8:15 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/29/35
Other contributory causes of importance: Myocardial failure	4/3/35
Pulmonary Congestion	4/4/35

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Miller, M. D.

(Address) 1225 S. Charles St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A 53

M. D. P. 1268-9

F. 11431

F. 11431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Boyle

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/10/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74 ~~77~~	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. yd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scranton, Pa.

FATHER

13. NAME Patrick.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Hyland.

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart of Mary Date Apl. 9- 1935

19. UNDERTAKER Leidy & Zeiler Inc.
(Address) 4131 Harford Ave

20. FILED ~~The ... Registrar~~ Assistant Registrar

APR 8 - 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/21 1935 to 4/6 1935

I last saw ~~him~~ alive on 4/6 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	1 wk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, state)

(Signed) Robert A Reeter M. D.

(Address) Balto City Hosp

M. D. P. [illegible]-9 F 11432

F 11432

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2220 Linden Ave St., 13 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charlotte Mandelstamm

(a) Residence: No. 2220 Linden Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mch. 19, 1854

6. DATE OF BIRTH (month, day, year) Aaron Mandelstamm

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Leo Behrmann

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Freda Heymann

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. T. Ember
(Address) 2220 Linden Ave.

18. BURIAL, ~~CREMATION OR REMOVAL~~
Place Oheb Shalom Cem. Date April 8 1935

19. UNDERTAKER Harry Sonnheim - Son
(Address) 1902 Eutaw Place

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April-7-1935

22. I HEREBY CERTIFY, That I attended deceased from Mch-29-1935 to April-7-1935

I last saw h.. alive on April-6-1935 Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	3/27/35
Other contributory causes of importance: none	

Name of operation none Date of —

What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

V 8 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268 F 11433

F 11433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X/108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert McGee

(a) Residence: No. Hanover Pike Mr. Upperco, St., Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10-1932

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John McGee

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Addie M. Harris

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John McGee

(Address) Upperco. Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Pauls. Balto Co Date Apr 9 1935

19. UNDERTAKER Edwd Tipton

(Address) Hampstead Md

20. FILED Apr 9 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7th 1935 to April 7th 1935

I last saw h[illegible] alive on April 7th 1935 Death is said to have occurred on the date stated above, at 1.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	March 27
Empyema	April 3rd
Acute Cardiac Failure	April 7th

Other contributory causes of importance: Bilateral Otitis Media

Name of operation Thoracotomy (L) Date of 4/7/1935

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lamunton L. Kerr M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 11434

M. D. B. 12659

F 11434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Barnicle

(a) Residence: No. 16 East Preston St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 29th 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Under 1 day

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles W. Barnicle Sr.

14. BIRTHPLACE (city or town) (State or country) Patton Pa.

MOTHER

15. MAIDEN NAME Irene Dunegan

16. BIRTHPLACE (city or town) (State or country) Patton Pa.

17. INFORMANT Mrs. Charles W. Barnicle

(Address) 16 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Carrolltown Pa. Date Apr. 9 , 1935

19. UNDERTAKER Henry W. Meagher Son

(Address) 805 N. Calvert St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th , 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3rd , 1935 to April 6th , 1935

I last saw h alive on April 5th , 1935 Death is said to have occurred on the date stated above, at 6:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	April 6th
Other contributory causes of importance: Broncho Pneumonia	?

Name of operation Spinal Tap Date of 4-7-35

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupatinn of deceased? No If so, specify

(Signed) Lawrence J. Reiter M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. F. 5[illegible]

F 11435

F 11435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-P

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. Gen'l Hosp. (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Heim

(a) Residence: No. Md. Asylum Hosp. St. Ward.

(Usual place of abode) 1305 Eutaw Place (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Baby.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Baby.

6. DATE OF BIRTH (month, day, year): 4-2-35.

7. AGE: Years | Months | Days: 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Louis Le Heim

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Eleanor F. Gorgas

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Hosp. Records

(Address): Md. Gen'l Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. Date: 4/8/35 19

19. UNDERTAKER: John O. Mitchell Sons

(Address): 1900 Eutaw Place

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-07-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-2 1935 to 4-7 1935

I last saw her alive on 4-7 1935 Death is said to have occurred on the date stated above, at 5 55 a m.

The principal cause of death and related causes of importance were as follows:

Atresia of Jejunum and Ileum

Date of onset

Other contributory causes of importance:

Name of operation: Jejunoileostomy Date of: 4-6-35

What test confirmed diagnosis? [illegible] Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Proctor M. D.

(Address) Md. Gen'l Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 11436

M. D. R. 1268-9

F 11436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2725 Ashland Ave. St., 7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME May Irene Gordon

(a) Residence: No. 2725 Ashland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leonard Gordon

6. DATE OF BIRTH (month, day, year) May 4th, 1881

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
53	II	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Gracey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Ebel

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Leonard Gordon (Husband)
(Address) 2725 Ashland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 9, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 20, 1935 to April 6, 1935

I last saw h[illegible] alive on April 5, 1935 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirrhosis of Liver	May 1924
Other contributory causes of importance: Acute Myocarditis	2 mos.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

M. D. B 11437

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11437

CERTIFICATE OF DEATH

34-92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Moody

(a) Residence: No. 1212 St Mathews St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie Moody

6. DATE OF BIRTH (month, day, year) Sept 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Margaret —

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bessie Moody

(Address) 1212 St Mathews St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem. Date 4-8-, 1935

19. UNDERTAKER Byron & Manio H. Wright

(Address) 1218 McCulloh St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	

Other contributory causes of importance:

Syphilis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. O'Neill M.D. M. D.

Coroner

(Address) 1305 N. Fallsway

OCCUPATION is very important. See instructions on back of certificate.

F 11438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11438

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1501 Riverside Ave St., 2d Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Thorney

(a) Residence: No. 1501 Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sarah E. Thorney

6. DATE OF BIRTH (month, day, year): June 29 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
86	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinists
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bethelem Steel Corp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): England

FATHER

13. NAME: Timothy Thorney
14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Walbby
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Walter Thorney
(Address): 1501 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: Apr. 9 1935

19. UNDERTAKER: J. Fen McCully
(Address): 130 E. Fort Ave

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-6-1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to April 6th, 1935
I last saw h[illegible] alive on April 6th, 1935. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis with Hypertension	1933
Other contributory causes of importance: Chronic Interstitial Nephritis	1933

Name of operation: ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ludwig H. Strauch M. D.
(Address) 421 E. Fort Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. R. (2)

F 11439

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11439

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6316 Everall Avenue St., 27 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Harryman

(a) Residence: No. 6316 Everall Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) Sept. 5, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME William Harryman

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Margaret Long

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. H. C. Bromwell

(Address) 6316 Everall Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date Apr. 8, 1935

19. UNDERTAKER Frederick Sasaki, Inc.

(Address) 7401 Belair Road

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1935, to April 5th, 1935

I last saw h[illegible] alive on April 1st, 1935. Death is said to have occurred on the date stated above, at 2:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis,	1931
Hypertension	

Other contributory causes of importance:

Myocardial degeneration, Arteriosclerosis,	1931

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 1 W. Oreland Ave

V. S. 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F 11440

F 11440

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11440

CERTIFICATE OF DEATH

✓ 122-B

1—PLACE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1143 Fremont ST. 14 WARD)

2—FULL NAME Sarah E Jones

(a) RESIDENCE NO. 1143 (Usual place of abode) Fremont ST., ... WARD .....

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S., if foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Colored	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Jones

6 DATE OF BIRTH (month, day, and year) Dec 25 1896

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	11 10	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Co Md

PARENTS

10 NAME OF FATHER Thomas H Greene

11 BIRTHPLACE OF FATHER (city or town) (State or country) Maryland

12 MAIDEN NAME OF MOTHER Rachel Turner

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland

14 Informant Albert Jones (Hus)

(Address) 1143 Fremont Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 5 1935

17 I HEREBY CERTIFY, That I attended deceased from March 31, 1935, to Apr 5, 1935, that I last saw her alive on April 5, 1935 and that death occurred, on the date stated above, at 930 P m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Rectal Stricture

(duration) ..... yrs. ..... mos. 6 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical Symptoms

(Signed) Geo L Woolridge, M. D.

4/8, 1935 (Address) 703 W Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Davidsonville Md

DATE OF BURIAL 4/9 1935

20 UNDERTAKER Charles H. Carter

ADDRESS 317 N. Carrollton Ave

Important. See instructions on back of certificates.

M. D. B. 1268-9

11441

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11441

CERTIFICATE OF DEATH

87-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 623 N. Linwood ave St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. P. Lowe

(a) Residence: No. 623 N. Linwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret L. Lowe

6. DATE OF BIRTH (month, day, year) Jan 10- 1855

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	2	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foot-way Inspector Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John W. Lowe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Gertrude Finkler
(Address) 623 N. Linwood ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount cem. Date April 10 1935

19. UNDERTAKER George W. Finkler
(Address) 1737 E. Eager St.

20. FILED APR 9 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6 1935 to April 6 1935

I last saw him alive on April 6 1935 Death is said to have occurred on the date stated above, at 8.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation	April 6/35
Hemiplegia [illegible]	[illegible]
Other contributory causes of importance Arteriosclerosis	5 yr.

Name of operation None Date of —

What test confirmed diagnosis? Phy Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify —

(Signed) L. W. Mengel M. D.

(Address) 1520 E. 33rd St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

11442 HEALTH DEPARTMENT—CITY OF BALTIMORE 11442

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Foster ave St., 76 Ward)

Registered No. 97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Mary E. Adelmann

(a) Residence: No. 3918 Foster ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Frederick Adelmann

6. DATE OF BIRTH (month, day, year) Jan. 31-1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mrs. Minnie Schaller

(Address) 3918 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem Date April 8 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

20. FILED APR 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from January 8th 1935 to April 5. 1935

I last saw her alive on April 5th 1935. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Estimated January 1933
Other contributory causes of importance: Hypostatic pneumonia	

Name of operation No Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. W. Wells M. D.

(Address) 1011 N. Ellwood Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 168-9

F 11443

29698

F 11443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 7 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie May Marshall

(a) Residence: No. 943 N. Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-24-33

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	20	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Thomas Marshall

14. BIRTHPLACE (city or town) (State or country) N. Car

MOTHER

15. MAIDEN NAME Armonia Bradford

16. BIRTHPLACE (city or town) (State or country) S. Car

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pct Murton Cem Date 4/8/35

19. UNDERTAKER Robert W Williams
(Address) 1 S Eutaw St

20. FILED Apr 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1935 to April 6, 1935.
I last saw h er alive on April 6, 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	1-15-35
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frances V. Schweitzer M. D.
(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269

F 11444

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11444

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital Tuberculosis Division

CITY OF BALTIMORE: (No. ... St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Noble Wettenton

(a) Residence: No. 2120 Division st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Evelyn Wettenton

6. DATE OF BIRTH (month, day, year) March 13, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Wettenton

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Wettenton

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/8/ 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Brentman St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5 1935

22. I HEREBY CERTIFY, That I attended deceased from November 26 1934 to April 5 1935

I last saw him alive on April 5 1935 Death is said to have occurred on the date stated above, at 3:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Oct. 1934
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

22a. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer Jacobson M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 1-10 21 MAT 2150 4

F 11445

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11445

CERTIFICATE OF DEATH.

93-D

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 509 Wilson ST. 14 WARD)

2-FULL NAME Herbert Warner

(a) RESIDENCE NO. 509 Wilson St ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	B	Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie Herbert

6 DATE OF BIRTH (month, day, and year) —— 1867

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) West Virginia

PARENTS

10 NAME OF FATHER ?

11 BIRTHPLACE OF FATHER (city or town) (State or country) ?

12 MAIDEN NAME OF MOTHER ?

13 BIRTHPLACE OF MOTHER (city or town) (State or country) ?

14 Informant Clementine Gilles

(Address) 722 Lawrence

15 Filed APR 8 1935 19 —— Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/5 1935

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 5, 1935, that I last saw him alive on April 5, 1935, and that death occurred, on the date stated above, at 1230 P. m.

The CAUSE OF DEATH* was as follows:

myocardial insufficiency

(duration) ? yrs. mos ds.

CONTRIBUTORY (Secondary) Pulmonary oedema

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical exam.

(Signed) Frank Leyhausen, M. D.

19 (Address) 2305 Eutaw Pl.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 4/8/1935

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1303 Druid Hill Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

22. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11446 — F 11446

Registered No. 125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md Gen Hosp St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Clara Breidenstein

(a) Residence: No. 1627 E. N. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: J. P. Breidenstein

6. DATE OF BIRTH (month, day, year): Dec 24 1869

7. AGE — Years: 65 | Months: 3 | Days: 12 | If LESS than 1 day, hrs. or min.: 11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 203

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: John A Donatho

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Susan Kavy

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Family

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Stevens

Presbyterian Cemetery Date April 10 1935

19. UNDERTAKER: Chas. G. Black

(Address) 742 W North ave

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5 1935 to April 7 1935

I last saw her alive on April 7 1935. Death is said to have occurred on the date stated above, at 1 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Yellow Atrophy of the Liver	2 wks
Other contributory causes of importance: Myocardial insufficiency	1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) H. C. Proctor M. D.

(Address) Md Gen. Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 11447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11447

CERTIFICATE OF DEATH

1. PLACE OF DEATH 700 Park Ave. Baltimore. Ind 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 700 Park Aven. 11 Ward)

Length of residence in city or town where death occurred 59 yrs. 1 mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bradley Morrow Keyworth

(a) Residence: No. 700 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fonella Holladay Keyworth

6. DATE OF BIRTH (month, day, year) Feb. 28, 1876

7. AGE Years	Months	Days	If LESS than 1 day, — hrs. or — min.
59	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O Railroad

10. Date deceased last worked at this occupation (month, day, year) Feb 1935

11. Total time (years) spent in this occupatinn 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore, Ind.

FATHER

13. NAME Charles E. Keyworth

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Hester Morrow

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Fonella Keyworth
(Address) 700 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery April 9 1935

19. UNDERTAKER Chas G. Black
(Address) 742 W. Fayette Ave

20. FILED Huntington Ellis Registrar. APR 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1935 to April 6 1935 I last saw h im alive on April 6 1935. Death is said to have occurred on the date stated above, at 12:15 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with General Metastasis	1932
Other contributory causes of importance: Bronchial Asthma	1920

Name of operation Resection of Stomach Date of 1932

What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—.

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify. —

(Signed) Marion P. Johnson M. D.

(Address) 222 Medical Arts Bldg

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

11448

HEALTH DEPARTMENT—CITY OF BALTIMORE

11448

CERTIFICATE OF DEATH

47-3

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3942 Reisterstown Rd St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Sarah Miller

(a) Residence: No. 3942 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Bass

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Louis.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Mt. Carmel Date 4/8/35 19

19. UNDERTAKER Jack Levine Inc. 1439 E. Balto St.
(Address)

20. FILED APR 8 - 1935 Registrar, M. D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/35 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1934 to April 8th 1935

I last saw her alive on April 7th 1935 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Weinberg M. D.

(Address) 3735 Park Heights Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

6

M. D. B. 1268-9

11449

HEALTH DEPARTMENT—CITY OF BALTIMORE

11449

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH University Hospital 3

Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 18 yrs. mos. ds.

2. FULL NAME Sarah Falk

(a) Residence: No. 207 S. Caroline St., Ward. Balto. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raphael

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Cemetery Date 4/9/35. 19

19. UNDERTAKER Jack Lemp Son

(Address) 1439 E. Balto St.

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-8-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 4-3-35. 19 . to 4-8-35. 19

I last saw her alive on 4-8-35. 19 . Death is said to have occurred on the date stated above, at 3.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Bilateral	
Diabetes Mellitus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hugh B. McNally M. D.

(Address) University Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 11450

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11450

CERTIFICATE OF DEATH

43-C Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2016 N. Smallwood St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Dora Sindler

(a) Residence: No. 2016 N. Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis J.

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Victor

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jack Lewis
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Southern Ave. Date 4/8/35 19

19. UNDERTAKER Jack Lewis Sons
(Address) 1439 E. Balto St.

20. FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from March 10 . 1930 . to March 20 . 1935

I last saw her alive on March 20 . 1935 Death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Myocarditis	
Other contributory causes of importance:	
Acute cardiac dilatation	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. H. Hornstein M. D.

(Address) 733 N. Broadway St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 2268-9

F 11451

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 11451

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4112 Garrison Blvd St., (.....Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Mary Gold

(a) Residence: No. 4112 Garrison Blvd St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hyman Gold

6. DATE OF BIRTH (month, day, year) [illegible] 1852

7. AGE Years 82 Months .. Days .. If LESS than 1 day, ...hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nahum

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Nahum

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ray Stamler

(Address) 4112 Garrison

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship Date 4/8/35 19

19. UNDERTAKER Jos. Young & Son

(Address) 1432 E. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	5 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Gutt M. D.
Coroner

(Address) Garrison

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11452

CERTIFICATE OF DEATH

F 11452

128 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Griffis

(a) Residence: No. 935 Mason St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Doris Griffis ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
42	42		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D.C.

FATHER

13. NAME Isaac Berry

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Sarah Lindsay

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

17. INFORMANT Clarence Berry

(Address) 935 Mason St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date April 1935

19. UNDERTAKER Frazier Funeral Service

(Address) 26 N. Eutaw St. Baltimore, Md.

20. FILED ..... 19..... Registrar.

APR 8 - 1935 D

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pancreatitis	
Other contributory causes of importance:	

Name of operation ..... Date of No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. P. Herzog M.D. M. D.
Coroner

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

Z. D. P. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11453

11453

CERTIFICATE OF DEATH

157-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2125 Maisel St. St., 25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donald E. Hoffman

(a) Residence: No. 2125 Maisel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 7-1935.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME David Hoffman

14. BIRTHPLACE (city or town) Pa.
(State or country)

MOTHER

15. MAIDEN NAME Addie East

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT David Hoffman
(Address) 2125 Maisel St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 4/8/35

19. UNDERTAKER Edw Fonfeon
(Address) 2259 Wash Blvd

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on Inquiry 19..... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Myo-Carditis	Apr. 7 1935

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Voliva M. D.
Coroner

(Address) 16 South Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 11454

F 11454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, 19 Ward)

Length of residence in city or town where death occurred 0 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Bethea

(a) Residence: No. 311 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 75 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): S.C.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Black Grown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Mount Auburn Cem. Date: April 5, 1935

19. UNDERTAKER: Adolphus Hartsfield

(Address) 95-2 Druid Hill Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): March 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Chronic Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Feller M. D.
Coroner

(Address) 1 W. Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 27 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John McConnell

(a) Residence: No. 4028 Hayward Av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John F McConnell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Jane Fisher

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs W McConnell (Address) 2009 N Fulton

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date Apr 9 1935

19. UNDERTAKER Wm J Tyrkus & Sons (Address) Wolfe & Gilmor Aves

20. FILED Apr 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1928 to Apr 7 1935

I last saw h alive on Apr 7 1935 Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dementia Precox	24 yrs
General syphilis	24 yrs
Arteriosclerosis	
Other contributory causes of importance:	
Obstruction Jaundice	5 wks.
Coronary Thrombus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damon P. Clayton M. D.

(Address) 3326 Federal St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8-3

M. D. P. 1268-B

F 11456 ✓ F 11456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hospital 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Ann Mahoney

(a) Residence: No. 4306 Garrison Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or ~~Divorced~~ (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Mahoney

6. DATE OF BIRTH (month, day, year): April 21 - 1863

7. AGE: Years 71 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George Degts

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Katherine Krebs

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mrs. Maud Roman

(Address) 4306 Garrison

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 8 1935

19. UNDERTAKER: H. Fuller Sons

(Address) Roland Park

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 6/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 . 1931. to Apr 6/35 . 19

I last saw h.. alive on Apr 2/35 . 19 . Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about Jan 1/1935
Arterio-sclerosis	1925
Chronic interstitial nephritis	1930

Other contributory causes of importance:

Old Age

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter S. Hebbett M. D.

(Address) 2220 Garrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9 F 11457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11457

CERTIFICATE OF DEATH

15-6 93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Bloomingdale St., Ward)

Length of residence in city or town where death occurred 5a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augusta Mata Tegeler (TEGELER)

(a) Residence: No. 3303 Bloomingdale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced: WIFE of (or) HUSBAND of Wm Tegeler

6. DATE OF BIRTH (month, day, year) 11 xx 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa

FATHER

13. NAME Adolph Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josefa Conde

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. Tegeler
(Address) 3303 Bloomingdale Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date April 8, 1935

19. UNDERTAKER Wm J Tuckey & Sons
(Address) Hack & Penna

20. FILED 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to Apr 6/35, 19

I last saw her alive on Apr 6/35, 19. Death is said to have occurred on the date stated above, at 10:54 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	March 1935
Other contributory causes of importance: arterio-sclerosis	1930

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dunbar M. D.

(Address) 2228 Harrison Blvd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 11458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Himmel

(a) Residence: No. 2421 Foster St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Himmel

6. DATE OF BIRTH (month, day, year) March, 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife of 39

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME William Barnes

14. BIRTHPLACE (city or town) Unknown. (State or country)

MOTHER

15. MAIDEN NAME Margaret Diesel

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Mrs. E. Collins Dayton (Address) 534 S. Belnord Ave

18. BURIAL, CREMATION, OR REMOVAL Place Oakland Date April 4, 1935

19. UNDERTAKER John A. Mahan (Address) 3000 E. Balto St.

20. FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to April 3, 1935

I last saw h... alive on April 3, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis	
2. Hypertension	1931
3. Bilateral cataracts	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 4-1-35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11458

M. D. P. 1268-9

F 11459

11459

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2218 E Biddle St., 8 Ward)

Length of residence in city or town where death occurred 60 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME John F. Walsh

(a) Residence: No. 2218 E Biddle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Catherine Walsh

6. DATE OF BIRTH (month, day, year): May 20 1874

7. AGE: Years 60 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto-City

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): City

FATHER

13. NAME: William Walsh

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Catherine McDonald

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Catherine Walsh
(Address) 2218 E Biddle St

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: April 9, 35

19. UNDERTAKER: John F. Snyder
(Address) 3000 E. Baltimore

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/6 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to 4/6 1935

I last saw h[illegible]ive on 4/5/35. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset ?
Arteriosclerosis

Other contributory causes of importance:
chronic kidneys
Hypertension

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) M. D.
(Address) 4 E Chase

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

F 11460

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11460

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2727 Bernard St., 12 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy E. Smallwood

(a) Residence: No. 2727 Bernard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Smallwood (nee Selby)

6. DATE OF BIRTH (month, day, year) Dec 17 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice Cream Mfg Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 mo

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John J Smallwood

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Martha Lambert

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs Mary E. Smallwood

(Address) 2727 Bernard st

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 9 1935

19. UNDERTAKER Walter Bayless

(Address) 3915 Hartford Ave.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23rd 1934 to April 7th 1935

I last saw h[illegible] alive on April 6th 1935. Death is said to have occurred on the date stated above, at 7.40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma stomach	

Other contributory causes of importance:

Metastatic carcinoma liver, Ascites, Anemia, Cachexia

Name of operation Exploratory Date of June 4 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Walter Graham Jr M. D.

(Address) 700 Cathedral St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 11461

14161 ~~607~~

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-122-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 25 St., ~~Lane~~ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnett Mason

(a) Residence: No. Fairfield Md — Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/28/35 —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Sloan Mason

14. BIRTHPLACE (city or town) (State or country) N-Car —

MOTHER

15. MAIDEN NAME Annie Stinson

16. BIRTHPLACE (city or town) (State or country) S-Car —

17. INFORMANT Friends —

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins School Date April 8, 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1935 to April 3, 1935

I last saw her alive on April 3, 1935 Death is said to have occurred on the date stated above, at 4 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia acute primary lobar	4-1-35
Septicemia, B. Coli	4-1-35
Hernia, inguinal strangulated	4-1-35
Other contributory causes of importance:	
Syphilis congenital	birth

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schwientek M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1758-A

F 11462

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11462

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Powhatan Lane St., Franklintown 28 Ward)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie T. Strong

(a) Residence: No. 5203 Powhatan Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Edwin D. Strong

6. DATE OF BIRTH (month, day, year) May 14, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	11 10	1 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles F. Barnkol

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Arndt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edwin D. Strong
(Address) 5203 Powhatan Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Old Salem Luth. Church Cem. Date Apr. 8, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935 to April 5, 1935
I last saw h[illegible] alive on April 5, 1935 Death is said to have occurred on the date stated above, at 7.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1, '35

Other contributory causes of importance:
Hardening of arteries

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so specify .....

(Signed) Geo. F. Everhart M. D.

(Address) 5 E. Windsor Mews

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

11463 E 11463

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE: (No. 1512 Gilmor St., ~~Ward~~)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Turner

(a) Residence: No. 307 W. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Charles Turner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Gibson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Geo. F. Hamilton
(Address) 1512 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Mt. J. Date Aug 8 1935

19. UNDERTAKER ...
(Address) ...

20. FILED Aug 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 7 1935

I last saw him alive on April 6 1935. Death is said to have occurred on the date stated above, at 5.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	about 1 yr
Uraemia	5 days

Other contributory causes of importance:

Name of operation Chloroform Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Charles Woodland M. D.

(Address) 311 Eutaw St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

11464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11464

124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Oral Goldman

(a) Residence: No. 913 Appleton St St., Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Joseph Russel Goldman

6. DATE OF BIRTH (month, day, year) Sept 9 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	7	6 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Provo, Iowa.

FATHER

13. NAME Charles Wilson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Mary Elizabeth Hall

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Joseph Russel Goldman.

(Address) 913 Appleton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Cem. Date April 9 1935

19. UNDERTAKER Roland E. Fackler

(Address) 612 N. Monroe St.

20. FILED [illegible] Registrar.

R 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to April 6 1935

I last saw her alive on April 6 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Colitis Chronic	
Pulmonic Insufficiency	
Syphilis Cerebral	
Cirrhosis of Liver	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Liverman Thompson M. D.

(Address) Womens Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11465 Socha F 11468

M. D. P. 1934-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2011 Portugal St., 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wasil Socha

(a) Residence: No. 2011 Portugal St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna Socha Unk.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Laborer all his life

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME John Socha.

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Anna Socha Wife

(Address) 2011 Portugal St

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date April 9, 35

19. UNDERTAKER F. W. Gazewski

(Address) 1930 Eastern Ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 35

22. I HEREBY CERTIFY, That I attended deceased from about Feb 26 19 35 to April 6 19 35

I last saw h[illegible] alive on April 5 19 Death is said to have occurred on the date stated above, at 7 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism	5 years
Other contributory causes of importance: Chronic Heart (valvular) disease	5 years

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 9 1935

M. D. B. 1268-A

F 11466

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11466

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2432 Guilford Ave (St.) Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Ogden

(a) Residence: No. 2432 Guilford Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Martha E Ogden

6. DATE OF BIRTH (month, day, year): July 4, 1864

7. AGE: Years 70 | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Const. Co.

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 21

12. BIRTHPLACE (city or town) (State or country): York Pa

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): York Pa

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): York Pa

17. INFORMANT: Ethel M Crowthers

(Address) 2432 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/9 35

19. UNDERTAKER: Wilson Keech

(Address) 1217 E Baltimore St

20. FILED: APR 9 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19 1933 to April 6 1935

I last saw him alive on April 5 1935 Death is said to have occurred on the date stated above, at 8 [illegible] M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Nephritis	

Other contributory causes of importance:

Coronary Thrombosis	April 6

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) George A. Wisong M. D.

(Address) 10000 Edmondson Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12-29

F 11467

F 11467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5312 Ethelbert Ave St. 27-17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Jane Parsley

(a) Residence: No. 5312 Ethelbert Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of David T. Parsley

6. DATE OF BIRTH (month, day, year) Mar 16th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home (1937)

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jerome Grimes

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Jane Fishpaw

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT William T. Davis

(Address) 5312 Ethelbert Ave

18. BURIAL, CREMATION, OR REMOVAL

Place David Ridge Date April 9th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1934 to April 6 1935

I last saw her alive on April 6 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Several years
Other contributory causes of importance:	
Oedema of Lungs	11 months

Name of operation None Date of

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles E. Clark M. D.

(Address) 3814 Piedmont Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-8-3

P.M. - 1935 - [illegible] for Miss [illegible]

M. D. B. 1268-9

F 11468

F 11468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Rear of

CITY OF BALTIMORE: (No. 1217 Harford Ave St., 10 Ward)

Length of residence in city or town where death occurred 38 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William L. Altland

(a) Residence: No. 1225 Harford Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Josephine

6. DATE OF BIRTH (month, day, year) Aug 23/1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 4/6/35

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) East Berlin, Pa.

FATHER

13. NAME William Altland

14. BIRTHPLACE (city or town) (State or country) East Berlin, Pa

MOTHER

15. MAIDEN NAME Lean Leap

16. BIRTHPLACE (city or town) (State or country) East Berlin, Pa

17. INFORMANT Josephine Altland

(Address) 1225 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion, Harford Co, Md. April 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 6/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at before 4 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Cullen Coroner, M. D.

(Address) 505 E Fayette

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

USE

M. D. B. F-9 F 11469

F 11469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred 10 yrs. mos.. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brooks

(a) Residence: No. 869 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Brooks

6. DATE OF BIRTH (month, day, year) Sept. 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31 32	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) 3-28-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Georges Co. Md

FATHER

13. NAME Robert Brooks

14. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md

MOTHER

15. MAIDEN NAME Martha Tyler

16. BIRTHPLACE (city or town) (State or country) Prince Georges County Md.

17. INFORMANT Edward Brooks
(Address) 302 S. Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Marlboro, Md. Date April 9, 1935

19. UNDERTAKER Mrs Kate R Williams
(Address) 322 N Stricker St.

20. FILED APR 9 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-28, 1935 to 4-6, 1935

I last saw him alive on 4-6, 1935 Death is said to have occurred on the date stated above, at 1:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	3-28
Interstitial Pneumonia	Unknown
Other contributory causes of importance:	
Syphilis	Unknown

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Charles L. Goodland, M. D.
(Address) University Hospital, Balto.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 8

F 11470

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11470

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2608 Hollinsferry Rd. 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isaiah Fletcher

(a) Residence: No. 2608 Hollinsferry Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color ~~or Race~~	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary [illegible] Fletcher deceased.

6. DATE OF BIRTH (month, day, year) June 25 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9m	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Fletcher

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Vernetta Fletcher

(Address) 2608 Hollins Ferry Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 9, 1935

19. UNDERTAKER Mrs. Katie B. Williams

(Address) 322 S. Schroder St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935.

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935. to April 6, 1935.

I last saw h[illegible] alive on April 5, 1935. Death is said to have occurred on the date stated above, at 3:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
	-
Other contributory causes of importance:	
Hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Nathan Johnson, M. D.

(Address) 3228 Eastern Ave

V. S. 3

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.--1-12-23--M-F--500

F 11471

F 11471

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

72-a

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 917 Shields Place ST., 17 WARD)

REGISTERED NO

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Roger Saunders

(a) RESIDENCE NO. 917 Shields Place ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. 6 mos. 7 ds. How long in U. S., if of foreign birth? — yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Single

5a If married, widowed, or divorced HUSBAND of or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Sept 30 1904

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	6	7	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer none

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER McKenzie Saunders

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Emma Davis

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant William Saunders

(Address) 917 Shields Place

15 Filed APR 9 1935 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/7/ 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1934, to April 7th, 1935, that I last saw h— alive on March 25th, 1935, and that death occurred, on the date stated above, at 6:55 m.

The CAUSE OF DEATH* was as follows:

Acute Leukemia

(duration) — yrs. 6 mos 2 ds.

CONTRIBUTORY (Secondary) Anaemia

(duration) — yrs. 3 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) N. B. Glascock M. D.

19 (Address) 2213 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem

DATE OF BURIAL 4/10/ 1935

20 UNDERTAKER Frances A. Hemsley

ADDRESS 537 W Biddle St

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1206 F 11472

F 11472

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 843 Linden Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hattie Baylor

(a) Residence: No. 843 Linden Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: B.

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of

6. DATE OF BIRTH (month, day, year): Nov 1856

7. AGE: Years 78 | Months 5 4 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: Samuel Baylor Sr.

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Susie Strayer

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Sarah Brown

(Address) 843 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/9/ 1935

19. UNDERTAKER: Francis A. Handley

(Address) 534 E. Biddle St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/31/35 19 to 4/7/35 19

I last saw her alive on 4/7/35 19 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 4/3/35 (Date of onset)

Other contributory causes of importance:

Influenza August 4/3/35

Name of operation: None Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. C. Lee M.D.

(Address) 534 Madison

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

C

M. D. P. 126 F 11473

F 11473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Genl Hosp St., 11 X Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Reynolds

(a) Residence: No. Md. Genl Hosp St., Sykesville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-7-35

7. AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Helen Reynolds

16. BIRTHPLACE (city or town) (State or country) Sykesville Md.

17. INFORMANT (Address) Hosp. Records Balt. & Md. Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Maryland General 4-8 1935

19. UNDERTAKER (Address)

20. FILED 4-8, 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1935 to 4-7, 1935

I last saw him alive on 4-7, 1935 Death is said to have occurred on the date stated above, at 9 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	
Prematurity	

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm H Barnsby M. D.

(Address) Maryland General Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

F 11471 F 11474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W. Stricker St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Coburn

(a) Residence: No. 1033 W. Stricker, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fml

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 20-1869

7. AGE: Years 65 | Months 8 | Days 17, 16 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 70

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME Jeremiah Nelson

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Bertha Brown

(Address) 1033 W. Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion cemtry Date 4/10 35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Pressman st.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 th 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 ...

I last saw h... alive on June 1 19 35. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
7 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Falk M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 66

APRS

M. D. B. [illegible]

F 11475

F 11475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1908 Aliceanna Street St., 2 Ward)

Length of residence in city or town where death occurred unknown yrs. mos. ds. How long in U. S. If of foreign birth? unknown yrs. mos. ds.

2. FULL NAME Michael Ratajczak

(a) Residence: No. 1908 Aliceanna Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White b	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXXX~~ Waleryia Ratajczak

6. DATE OF BIRTH (month, day, year) Oct, 29th/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 10

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Ratajczak

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unkonwn

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Waleryia Ratajczak

(Address) 1908 Aliceanna Street

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date April 11th 1935

19. UNDERTAKER George A. Weber

(Address) 705 S. Ann Street

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Epilepsy	

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. Pierson M.D. M. D.
Coroner

(Address) 2352 Eastern Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. F. 1208-9

F 11476

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11476

CERTIFICATE OF DEATH

34 J - 107a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 23 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dora Ward.

(a) Residence: No. 136 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel.

6. DATE OF BIRTH (month, day, year) Feb. 1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalton, N. C.

MOTHER FATHER

13. NAME Thomas Bird.

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Caroline Cox

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Ct Date 4/10/35

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

20. FILED Registrar.

APR 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1935 to 4/6 1935

I last saw her alive on 4/6 1935 Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days.
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Valentine Petta M. D.

(Address) Balto City Hosp

M. D. F. 1208-9 Application should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11477

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. F 11477

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Oak Hall Farm
CITY OF BALTIMORE (Incl. Back of Preastman & Pulaski) 15 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida E. Bailey

(a) Residence Back of Preastman & Pulaski Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Bailey

6. DATE OF BIRTH (month, day, year) Oct 16 - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME Chas Goodrich

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Wm Bailey
(Address) Preastman & Pulaski

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 9/35

19. UNDERTAKER J. B. Wippert & Son
(Address) 1300 Eutaw Place

20. FILED Apr 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on April 7 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	3 years
	3 months

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Leo Kirk M. D.
Coroner

(Address) 1300 Eutaw Place

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

SEC - 6 1935

M. D. B. 1268-A F 11478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11478

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Eastern Ave. 20th (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Franciska A. Kluge

(a) Residence: No. 139 Willard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced
-HUSBAND of
(or) WIFE of Hermann E. Kluge

6. DATE OF BIRTH (month, day, year) Oct 8 - 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Steuert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry M. Kluge
(Address) 139 Willard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date Apr 10 of 35

19. UNDERTAKER F. B. Kirkpatrick & Son
(Address) 1300 Eutaw Place

20. FILED — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4/35, 19 . to April 7, 1935

I last saw her alive on April 6/35, 19 . Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
From history	
Arterio-Sclerosis	1925
Hypertension	1925

Other contributory causes of importance:

Myocarditis	Feb 4/1935

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) Walter E. Talbott M. D.

(Address) 220 Garrison Blvd

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 11479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11479

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ... Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred James

(a) Residence: No. 2418 Hollins Ferry Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 27-1934.

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Harrison James

14. BIRTHPLACE (city or town) (State or country) Jacksonville Florida

MOTHER

15. MAIDEN NAME Maisie Sims

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Harrison James
(Address) 2418 Hollins Ferry Road

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 10th 1935

19. UNDERTAKER Joseph A. Lisby
(Address) 409 N. Mount Street

20. FILED ... 19... Registrar.

APR 9 - 1935

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at 8.45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	Apr. 6 1935
Other contributory causes of importance:	
None	

Name of operation Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L Valentine M. D. Coroner

(Address) 16 South Broadway

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. P. 1268-9

Kornblatt Dr Frankel ✓

F 11480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 F 11480

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4014 Walfak ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. dys. How long in U. S. If of foreign birth 24 yrs. mos. dys.

2. FULL NAME Hannah Kornblatt

(a) Residence: No. 4014 Walfak ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of David Wolfe Kornblatt

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Benj Berman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Maria

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Kornblatt Son
(Address) Lansdowne Md

18. BURIAL, CREMATION, OR REMOVAL
Place Pt Lorne Date 4-9-35 . 19

19. UNDERTAKER Levi Levin Inc
(Address) 1439 E Balto St

20. FILED ..... Registrar.

APR 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 . 1934 to 4/9 . 1935

I last saw her alive on 4/8 . 1935 Death is said to have occurred on the date stated above, at 6 W a. m.

The principal cause of death and related causes of importance were as follows:

a Uremia — Date of onset: a Uremia
Myocarditis

Other contributory causes of importance:
b Uremia Nephritis
Arteriosclerosis
Diabetes Mellitus

Name of operation ..... Date of .....

What test confirmed diagnosis? Uremia + + + Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) David Frankel M. D.
(Address) 122 W Lee

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1208-9

F 11481

11481 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-D

CERTIFICATE OF DEATH

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Cuffe.

(a) Residence: No. 219 N. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Record Bd H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 9th 1935

19. UNDERTAKER

(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1902 to 4/2 1935

I last saw him alive on 4/2 1935 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Carter M. D.

(Address) Balto City Hosp.

Washington Funeral Home

R 9 - 1935

96

11482

STATE OF MARYLAND—CERTIFICATE OF DEATH

11482

1. PLACE OF DEATH

City Balt 3114 Gwynns Falls Pkwy. Registration Dist. No. 15 +131

Baltimore

Village or City Baltimore, Md. No. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Notman Mitchell

(a) Residence: No. 2455 Tulip St. St. Phila, Pa. Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 4, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pa.

FATHER

13. NAME John Nottman Mitchell

14. BIRTHPLACE (city or town) Scotland
(State or country)

MOTHER

15. MAIDEN NAME Kathryn Knight

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs. Helen M. Whiteman
(Address) 3114 Gwynns Falls Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place Phila. Pa. Date Apr. 11, 19 35

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

20. FILED APR 9 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Apr. (Month) 9 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 8, 1935, to Apr 9, 1935
I last saw h— alive on Apr. 8, 1935, death is said to have occurred on the date stated above, at 5 A M

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

	Date of onset
Myocarditis (from history)	about Jan 1/35
Chronic interstitial Nephritis (from history)	1933
acute dilitation of heart	Apr 8/35
Other Contributory Causes of importance: arterio-sclerosis	1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Walter Dublatt M. D.
(Address) 2220 Garrison Blvd.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important. See instructions on back of certificate.

M. D. B. 1268-9 F 11483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2735 Maryland Ave St., [illegible] Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Phebe Jane Tyler

(a) Residence: No. 2735 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 23-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Md

FATHER

13. NAME Nathan Tyler

14. BIRTHPLACE (city or town) (State or country) Sykesville Md

MOTHER

15. MAIDEN NAME Margaret Coale

16. BIRTHPLACE (city or town) (State or country) Coale Town Maryland

17. INFORMANT Hannah Rumsey

(Address) 2735 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Dawn Grove Pa Date April 10th 1935

19. UNDERTAKER Leo G. Cook

(Address) 1703 N Patterson Park Ave

20. FILED APR 8 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 8 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934 to APR 8 1935 19

I last saw her alive on APR 8 1935 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma R Pulmonis	May 1934
Intussusception	2 Aug

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene F Cook M. D.

(Address) 413 N Broadway

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11484

11484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5002 Cordelia Ave. St. 27 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel D. ~~Aylor~~ Alex

(a) Residence: No. 5002 Cordelia Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September 12, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) April 1933

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Winchester W. Va.

FATHER

13. NAME Frank ~~Aylor~~ Alex

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Mildred Reed

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs. S. Clary
(Address) 5002 Cordelia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date April 10 19 35

19. UNDERTAKER Robert B. Cook
(Address) 1003 W. Baltimore St.

20. Filed ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw him alive on ... 19 ... Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation - hanging	
~~by the neck~~ - with a rope around his neck - attached to cellar rafters -	

Other contributory causes of importance:

Name of operation ✓ Date of ...

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19 ...

Where did injury occur? 5002 Cordelia Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hanging by rope

Nature of injury Strangulation

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. J. Flannery, M. D. Coroner

(Address) 3622 Roland Ave.

APR 9 1935

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1264

F 11485

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11485

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 924 N. Kresson St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 2 yrs. mos. ds.

2. FULL NAME Adolph Fischer

(a) Residence: No. 924 N. Kresson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Marie Fischer

6. DATE OF BIRTH (month, day, year) Oct. 28, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Richard Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Josephine Herbert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Fischer
(Address) 924 N. Kresson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemt. Date April 11, 1935

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St.

20. FILED APR 10 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 - 1935 to April 7 - 1935

I last saw him alive on April 7, 1935 Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	April 3
Hypostatic Pneumonia	
Terminal Collapse	
Other contributory causes of importance:	
Myocardial Insufficiency	April 6
Pulmonary Edema	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Wm. G. Geyer M. D.

(Address) 156 N. Wolfe St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 2268-9

F 11486

11486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 S. Washington St. St., 2 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Sakowicz

(a) Residence: No. 422 S. Washington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Andrew Sakowicz

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Wincent Rawinisz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Andrew Sakowicz
(Address) 422 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date April 11 1935

19. UNDERTAKER J. W. Brzezowski
(Address) 1930 Eastern Ave

20. FILED APR 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 35 19

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 7 1935

That I last saw her alive on April 7, 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 days

Other contributory causes of importance:

Hypertension	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Byrne M. D.

(Address) 801 Eastern Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Amanda M. Jeremias F 11487

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11487

CERTIFICATE OF DEATH

16 ✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2124 E. Oliver St. St., 8 Ward)

Length of residence in city or town where death occurred 7 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Amanda M. Jeremias

(a) Residence: No. 2124 E. Oliver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Otto Jeremias

6. DATE OF BIRTH (month, day, year) Oct. 27 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ost

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Birth

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mr. Charles O. Jeremias

(Address) 2002 Creston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date Apr. 10 19 25

19. UNDERTAKER Wm. Tucker & Sons

(Address) Brick & Cross Aves

20. FILED APR 10 1925, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8. 1925

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1925 to April 8 1925

I last saw her alive on April 7 1925 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1/25

Other contributory causes of importance:

Arterio Sclerosis Chronic
Ind. Nephritis ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Abram J. Tuncay, M. D.

(Address) 718 N. Patterson Park Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S-3

M. D. B. 1268-9

F 11488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11488

CERTIFICATE OF DEATH

✓ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 Everham St., 27 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percy Richard Drenning

(a) Residence: No. 609 Everham Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Lida Drenning

6. DATE OF BIRTH (month, day, year) Nov. 15, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. T. N. Symington & Son

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0030

12. BIRTHPLACE (city or town) York
(State or country) Pa.

FATHER

13. NAME N. Clifford Drenning

14. BIRTHPLACE (city or town) Wrightsville
(State or country) Pa.

MOTHER

15. MAIDEN NAME Grace Eichelberger

16. BIRTHPLACE (city or town) York
(State or country) Pa.

17. INFORMANT Mrs. Lida Drenning
(Address) 609 Everham Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date Apr. 10, 1935

19. UNDERTAKER Wm. Fichtner Sons
(Address) York & Braves

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date above, at about 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol Shot above rt ear	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide suicide Date of injury Apr 8/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in bedroom of home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. W. Facer M. D.

(Address) 508 E Monument

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 10 1935

M. D. B. 1008-9

F 11489

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11489

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25 N. Chester St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Berel Mermelstein

(a) Residence: No. 25 N. Chester St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Mrs Mermelstein

6. DATE OF BIRTH (month, day, year) May 10, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 013

10. Date deceased last worked at this occupation (month and year) Oct. 1, 1934. 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (city or town) (State or country) Russia.

FATHER

13. NAME Aaron

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bessie

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Sam Mermelstein (son)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 4-10 . 1935

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Baltimore St

20. FILED 1935 . 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 . 1934 to April 10 . 1935

I last saw him alive on April 10 . 1935. Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of pancreas with metastasis to gall bladder.	?

Other contributory causes of importance:

Name of operation cholido-gastrostomy Date of Nov 1934

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Louis E. Price, M. D.

(Address) 920 St. Paul Balto. Md.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PRO 1935

M. D. B. 1268-B

F 11490

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11490

CERTIFICATE OF DEATH

54-B

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. ____

CITY OF BALTIMORE: (No. ____ 4th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ____ mos. ____ da. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ da.

2. FULL NAME Virgil Crawford or Mrs Ida W. Parker

(a) Residence: No. 2005 Ethel St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — HUSBAND (or) WIFE of: Eugene Crawford
6. DATE OF BIRTH (month, day, year): ____
7. AGE — Years: 35 — Months: ____ — Days: ____ — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): March 1935
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER
13. NAME: Richard Brown
14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER
15. MAIDEN NAME: Mary ?
16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Cem. Date: 4/11/35

19. UNDERTAKER: Robert T. Williams
(Address): 1515 McCulloh St

20. FILED APR 10 1935, 19____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1935 to April 8, 1935
I last saw her alive on April 8, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Tuberculosis Uterine	?
Other contributory causes of importance: Peritonitis -	7 days

Name of operation: Hysterectomy Date of: 3/25/35
What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____, 19____
Where did injury occur? ____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ____
Manner of injury ____
Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Emmanuel Hospital
(Address) Balto. City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

V. D. B. 1268-9

F 11491

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11491

CERTIFICATE OF DEATH

117-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St. 22 Ward)

Length of residence in city or town where death occurred -- yrs. -- mos. 16 ds. How long in U. S. If of foreign birth 17 yrs. -- mos. -- ds.

2. FULL NAME Hildebrant Williams

(a) Residence: No. 318 South Sharp St., Baltimore St., Md. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) August 12, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman, Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-1-35 to 12-2-34

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) St. Thomas Virgin Islands

FATHER

13. NAME John Williams

14. BIRTHPLACE (city or town) (State or country) St. Thomas Virgin Islands

MOTHER

15. MAIDEN NAME Jemima Morris

16. BIRTHPLACE (city or town) (State or country) Virgin Is.-St. Thomas

17. INFORMANT U. S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date April 10, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1252 E. Monument St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to April 8, 1935

I last saw him alive on April 8, 1935. Death is said to have occurred on the date stated above, at 12:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, perforating, of duodenum	1930
Hemorrhage from duodenum (bowel)	3-29-35

Other contributory causes of importance:

Name of operation Blood transfusion Date of 4-1-35.

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. M. Diamond, M. D.

(Address)

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11492

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11492

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Stucker St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Libbie Hall

(a) Residence: No. 805 N Stucker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race Col 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 7 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation Yrs

12. BIRTHPLACE (city or town) (State or country) Moses Tobin Va

FATHER

13. NAME Moses Tobin

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Ellis Washington

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elwood Hall
(Address) 805 N. Stucker

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 2/13 1935

19. UNDERTAKER Thomas E. Kelso
(Address) 1363 Presstman St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
6 Days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. C. Funk M. D.
Coroner

(Address) Coroner

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

APR 10 1935

M. D. B. 1208-9

F 11493

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11493

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 534 W. Preston St., 17 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hozewood Mck. Broom

(a) Residence: No. 1534 W. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Betty Broom

6. DATE OF BIRTH (month, day, year): Feb 15 1901

7. AGE: Years 24 | Months 1 | Days 25 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laborer

10. Date decedent last worked at this occupation (month, day, year): Mar 1935

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Andrew Broom

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Harriet Armstrong

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Edith Bailey
(Address) 956 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/11/ 19

19. UNDERTAKER: Thomas E. Kelson
(Address) 1302 Greenmount St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 9 1935

I HEREBY CERTIFY that I attended deceased from Mar. 16 1935 to Apr. 9 1935

I last saw him alive on Apr 9 1935. Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (2) — Date of onset July 1934

Other contributory causes of importance: Pneumonia (Tuberculous) — Mar 1935

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell M.D.

(Address) 1130 Bremerton Rd.

S. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 1935

M. D. B 1268-9

F 11494

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11494

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3518 O'Donnell St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary May Bielas

(a) Residence: No. 3518 O'Donnell St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 22 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Thomas A Bielas

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Bielas

(Address) 3518 Odonnell

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 10 1935

19. UNDERTAKER John A. Morgan

(Address) 3000 E. Baltimore

20. FILED APR 10 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

Whnt test confirmel dingnosis Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Peterson M.D. M. D.

Coroner

(Address) 1305 N Patterson Park Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 10 1935

M. D. B. 1208-9

11495 HEALTH DEPARTMENT—CITY OF BALTIMORE 11495

CERTIFICATE OF DEATH

X-95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St. University Hospital Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles V. Copenhaver

(a) Residence: No. Westminster St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4 - 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	1	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

FATHER

13. NAME Charles V. Copenhaver

14. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Liffet

16. BIRTHPLACE (city or town) Westminster
(State or country) Maryland

17. INFORMANT Charles V. Copenhaver
(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL
Place Westminster Md Date April 13 1935

19. UNDERTAKER H Bankard & Son
(Address) Westminster Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-35 19

22. I HEREBY CERTIFY, That I attended deceased from 4-5-35 19 to 4-9-35 19

I last saw him alive on 4-9-35 19 Death is said to have occurred on the date stated above, at 8.30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute Bacterial Endocarditis	
Rheumatic Heart Disease	

Other contributory causes of importance:

Chronic Bronchitis	

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 10 1935

M. D. P. 1268-9

Williams & Stem

1496 HEALTH DEPARTMENT—CITY OF BALTIMORE 1496

CERTIFICATE OF DEATH

X 49-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Williams J Stem

(a) Residence: No. 26 Church st. Westminster, Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clarence Stem

6. DATE OF BIRTH (month, day, year) 11-26-98 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Westminster Maryland

FATHER

13. NAME James Hahn

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Hilbert

16. BIRTHPLACE (city or town) (State or country) York Co Pa

17. INFORMANT Mrs Fred Rawlo (Address) Farms 6 Kms West minster Md.

18. BURIAL, CREMATION, OR REMOVAL

Place N. Johns. Date 4/13 1935

19. UNDERTAKER H Bankard & Son (Address) Westminster Md

Embalmed 19 Interment

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10-35 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-35 19 to 4-10-35 19

I last saw her alive on 4-10-35 19 Death is said to have occurred on the date stated above, at 2 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis	
Other contributory causes of importance:	
Carcinoma of Ovary	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Allison M. D.

(Address) Bon Secours Hospital

N. B.—WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 10 1935

M. D. B 1200-9

F 11497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11497

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 782 Washington Blvd. St., 70 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Tarsia

(a) Residence: No. 2116 W. Baltimore St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosa Biondo

6. DATE OF BIRTH (month, day, year) Mar. 16-1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	79	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Salvatore Tarsia

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosana Brocato

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Salvatore Tarsia
(Address) 3844 Sixth St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Date April 11, 1935

19. UNDERTAKER Frank V. Liptetone
(Address) 281 E. Balto St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on Inquiry 19... Death is said to have occurred on the date stated above, at 12.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myo-Cardal Insufficiency	Apr. 8 1935.
Other contributory causes of importance:	
Chronic Myo-Carditis.	?

Name of operation ... Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Jos. L. Ostendorf M. D. Coroner

(Address) 16 South Broadway

Vase

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-7 F 11498 F 11498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Penitentiary Hosp. Registered No. 23

CITY OF BALTIMORE: (No. 954 Forrest St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Coleman

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Coleman

6. DATE OF BIRTH (month, day, year) July 24 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Polisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stone Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond, Va

FATHER

13. NAME Nelson Coleman

14. BIRTHPLACE (city or town) (State or country) Glouc., Va.

MOTHER

15. MAIDEN NAME Maria Alexander

16. BIRTHPLACE (city or town) (State or country) Mathewscity, Va

17. INFORMANT Friend

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel, Md Date April 10 1935

19. UNDERTAKER

(Address)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 9th 1933 to March 29th 1935

I last saw him alive on March 25 1935. Death is said to have occurred on the date stated above, at 2:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	12/1/33
Other contributory causes of importance; Diabetes Mellitus	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Anderson M. D.

(Address) 606 Annesley Road

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11499

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11499

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospitals St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Oliver Kellum

(a) Residence: No. 1007 Creek Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 10, 1935

19. UNDERTAKER .....
(Address)

20. FILED APR 10 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) W P Kerr M.D. Coroner M. D.

(Address) 1305 N Patterson Park Ave

16

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Yes 30

M. D. B 1268-a

F 11500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11500

CERTIFICATE OF DEATH

93-6

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Gough St. St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alfred Adams

(a) Residence No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date April 10, 19 35

19. UNDERTAKER

(Address)

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 8:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Post Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) J. J. Neary M. D.
Coroner

(Address) 1305 N. Patterson Pk

M. D.

WHERE DEATHS OCCUR IN HOSPITALS, WITH EXCEPTIONS NOTED BELOW—THIS IS A TRIPLICATE RECORD. Each item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B. 1268 — E 11501

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11501

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 42 So. Stockton St. St., 18 Ward)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Samuel Brown

(a) Residence: No. 1113 W. Fairmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince George Ct. Maryland

FATHER

13. NAME John Wesley Brown

14. BIRTHPLACE (city or town) (State or country) Prince George Ct. Maryland

MOTHER

15. MAIDEN NAME Henrietta Hall

16. BIRTHPLACE (city or town) (State or country) Prince George Ct. Maryland

17. INFORMANT John Wesley Brown
(Address) 1609 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date April 10 1935

19. UNDERTAKER Mr Kate R Williams
(Address) 222 Schroeder Ste

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...
I last saw h..... alive on Inquiry, 19 ... Death is said to have occurred on the date stated above, at ? m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Apr. 6 1935.

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. F. No. F 11502

Jones

F 11502

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jones

(a) Residence: No. 1131 N. Parrish St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 7/12/1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73.	8	25.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Emma Lutte ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Amelia Martin Daughter

(Address) 1131 N. Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 11, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ..... 19.. ..... Registrar.

APR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1935 to 4/7, 1935

I last saw her alive on 4/7, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days ?
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. B. 1268-9 F 11503 ✓ F 11503

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Jackson

(a) Residence: No. ~~2534 Johnson~~ 209 N Amity St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 6, 1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
18	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None (Ind)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Jackson

14. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Westmoreland Co Va

17. INFORMANT Mary Jackson

(Address) 209 N. Amity St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr. 10, 1935

19. UNDERTAKER Mrs Kate P. Williams

(Address) 322 N. Schroeder St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 3, 1934 to April 7, 1935

I last saw him alive on April 7, 1935. Death is said to have occurred on the date stated above, at 7:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Renal Tuberculosis, left	12-3-34?
Tuberculous Pyonephrosis with calcareous infiltration	

Other contributory causes of importance: Tuberculous Cystitis

Name of operation Nephrotomy Date of 12-27-34

What test confirmed diagnosis? Pathology Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) J. K. Adams M. D.

(Address) Assistant Path.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

F 11504 [65-9]

✓ F 11504

HEALTH DEPARTMENT—CITY OF BALTIMORE

297813

53-C

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarice Barwick Clarice

(a) Residence: No. Lumberport - W. Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Marvin

6. DATE OF BIRTH (month, day, year): 5/10/94

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife 00-7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): W. Va

FATHER

13. NAME: Harry S. Meats

14. BIRTHPLACE (city or town) (State or country): W. Va

MOTHER

15. MAIDEN NAME: Agnes Boyles

16. BIRTHPLACE (city or town) (State or country): W. Va

17. INFORMANT: Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Grafton W Va Date Apr. 10. 1935

19. UNDERTAKER: Geo M Tomkinson
(Address) 511 N Eutaw St

20. FILED APR 9 1935 Huntington W Va
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8 ., 1935 to April 9 ., 1935

I last saw h.. alive on April 9 ., 1935. Death is said to have occurred on the date stated above, at 10 35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor Malignant	March 1935

Other contributory causes of importance:

None

Name of operation Rt. Craniotomy Date of 4-8-35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. R. Kimball M. D.

(Address) The Johns Hopkins Hosp

M. D. B. 1365-9

F 11505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11505

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital, 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth J. O'Hara

(a) Residence: No. 3110 Virginia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael

6. DATE OF BIRTH (month, day, year) Dec 5/1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co., Md.

FATHER

13. NAME G. Marischen

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Clervekorn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Vincent J. O'Hare

(Address) 3110 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/11 19 35

19. UNDERTAKER J. Vernon Lennon

(Address) 401 Park Ave

20. FILED APR 11 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Purulent Meningitis	
" " Pleurisy	
(Probably terminal from	
Lobular Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Falls M. D.
Coroner

(Address) 508 E. North Ave

X

Please write clearly, with PENCIL OR INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11506

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11506

CERTIFICATE OF DEATH

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 Eastern Ave St., 1 Ward)

Length of residence in city or town where death occurred ..yrs..mos..ds. How long in U. S. If of foreign birth? ..yrs..mos..ds.

2. FULL NAME Andrew Hesselbach

(a) Residence: No. 603 S. Bradford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. —

6. DATE OF BIRTH (month, day, year) July 7 1871

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
63	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept 603 V

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Hesselbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Annie M Hesselbach

(Address) 603 S Bradford

18. BURIAL, CREMATION, OR REMOVAL

Place Schwaben Verein Date April 11 1925

19. UNDERTAKER Wm. F. Miller & Son

(Address) 2384 Jefferson St E

20. FILED APR 10 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 1925

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, how?

(Signed) E Peterson M. D.
Coroner

(Address) 1505 N Patterson Park

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

PR 10 1925

AACo. S-[illegible]-1500

F 11507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11507

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., [illegible] Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Cooper

(a) Residence: No. 3243 Chestnut Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of [illegible]

6. DATE OF BIRTH (month, day, year) June 13 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leroy Cooper
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Hicks
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Leroy Cooper
(Address) 3243 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL St Mary's Cemetery Date April 14 1935

19. UNDERTAKER Thanhouser & Son.
(Address) 3615 Eastland Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-26 1935, to 4-10 1935

I last saw h[illegible] alive on 4-10 1935 death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) J. Howe Moore, M. D.

(Address) Franklin Sq. Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 19 1935

M. D. B. 1268-9

11508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11508

123

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 27 ds. How long in U. S. If of foreign birth 67 yrs. ... mos. 27 ds.

67 027

2. FULL NAME Miss Elizabeth Schleunes

(a) Residence: No. Cambridge Arms, Apts. St., 12 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): March 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	0	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Maryland Balto

FATHER

13. NAME: Mr Francis Schleunes

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mathilde Hungmann

16. BIRTHPLACE (city or town) (State or country): Penn. Phila

17. INFORMANT: Alfred Schleunes (Bro)
(Address) 307 Taplow Road.

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: Apr 11 19 35

19. UNDERTAKER: Stewart & Company
(Address) 1230 Park Ave.

20. FILED APR 10 1935 ..., 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 8TH 1935

22. I HEREBY CERTIFY, That I attended deceased from November 1, 1934 to April 8 1935

I last saw h.. alive on April 8 1935 Death is said to have occurred on the date stated above, at 8:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diverticulitis (ulceration)	?
Other contributory causes of importance:	

Name of operation: Exploratory laporatomy Date of: 11-30-34

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Charles H Conley, Jr. M. D.
(Address) Union Memorial Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

F 11509 ✓ F 11509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 E. 31st St ST., 9 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Catherine Koke

(a) RESIDENCE NO. 1721 E. 31st St ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 ~~Single, Married, Widowed, or Divorced~~ (write the word): widow

5a If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Albert F. Koke

6 DATE OF BIRTH (month, day, and year) Sept 13, 1865

7 AGE — Years: 69 | Months: 7 6 | Days: 9 2 6 | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): 0000

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Leonhard Lang

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Schmidt

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Albert F. Koke Jr

(Address) 3114 Hall ave

15 Filed ..... 19 .....

Registrar

PRIO 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 9-1935

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1934, to April 9, 1935, that I last saw her alive on April 9, 1935 and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Chronic valvular Heart Disease

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Luigi D Di Stefano M. D.

Apr 9, 1935 (Address) 407 E. Exeter St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto Cem — DATE OF BURIAL: Apr 12, 1935

20 UNDERTAKER: Mrs. John W. Engelbrecht — ADDRESS: 601 N. Fayette

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAU... OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ... very important. See instructions on back of certificate.

M. D. 2. 1268-9

✓ F 11510

HEALTH DEPARTMENT—CITY OF BALTIMORE

11510

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH Baltimore City Hospitals

Registered No:

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth 10 yrs. mos. ds.

2. FULL NAME Joseph De Crupo

(a) Residence: No. 2125 E. Preston St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 19 1898

7. AGE: Years 37 | Months 0 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor 4080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Tailor's Shop

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Italy

FATHER

13. NAME: Carmello De Crupo

14. BIRTHPLACE (city or town) (State or country): Italy

MOTHER

15. MAIDEN NAME: Lucy Millice

16. BIRTHPLACE (city or town) (State or country): Italy

17. INFORMANT: Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4-12 1935

19. UNDERTAKER Chas B. Kuhnenkas

(Address) 637 S. Paca St.

20. FILED ..... 19..... Registrar

APR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1935 to April 9 1935

I last saw him alive on April 9 1935 Death is said to have occurred on the date stated above, at 1:15 P.m.

The principal cause of death and related causes of importance were as follows:

Abscess-Lung right ?
(Upper lobe)

Date of onset

Other contributory causes of importance:

Pyo-Thorax - right Sweeks

Name of operation Incision + Drainage of abscess of lung Date of 3/12/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Hyman M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 11511

11511

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital - Tuberculosis Division Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lillian Randall

(a) Residence: No. 528 W Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eugene Randall

6. DATE OF BIRTH (month, day, year) Oct 22, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	5	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Berdon Donnelly

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Swan

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 10 , 1935

19. UNDERTAKER
(Address)

[illegible] 19 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7 , 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26 , 1935 to Apr. 7 , 1935
I last saw her alive on Apr. 6 , 1935 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1934
Other contributory causes of Importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer M. Jacobson M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 10 1935

$2.00

M. D. F 1268-0

John Mizell (Mitchell) ✓ F 11512

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11512

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St. 3-7 Ward) 23

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mizll (Mitchell)

(a) Residence: No. 719 S. Dallas st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie Mizll

6. DATE OF BIRTH (month, day, year) July 5, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 63	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist 60-21

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME David Mizll

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME J. Hatan Hudson

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 10, 1935

19. UNDERTAKER
(Address)

20. FILED APR 10 1935 [illegible] Registrar

1261 APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1935 to April 6, 1935
I last saw him alive on April 6, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Unknown

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospital

U. S.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

87

R 10 1935

AACo. 5-11 2508

Aulbine Tapscott

F 11513 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11513

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hospital St., (Ward) 16

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aulbine Tapscott

(a) Residence: No. 1608 Rosedale St., Ward. East End
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Tapscott

6. DATE OF BIRTH (month, day, year) March 25, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sewerage Dept.

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Lancaster County Virginia

FATHER

13. NAME Mr. Tapscott

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Victoria ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Walter L. Pierce
(Address) 2332 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 11 1935

19. UNDERTAKER Joseph Cook
(Address) 1003 N. Baltimore St.

20. FILED April 11 1935 Christian Billhimer MD
Registrar.

R 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to April 9, 1935

I last saw him alive on April 9, 1935 death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3-30
Chronic Nephritis	
Chronic Myocarditis	

Other contributory causes of importance:
Senility
Arteriosclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Owen Moore, M. D.

(Address) Franklin Sq. Hosp.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 11514

V F 11514

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 E. 20th St. St., 9 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME THOMAS J. KELLY

(a) Residence: No. 533 E. 20th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or WIFE of) Annie T. Kelly

6. DATE OF BIRTH (month, day, year) Dec. 16, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. New University Apts.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas Balto. Co.

FATHER

13. NAME Michael Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie T. Kelly

(Address) 533 E. 20th St.

18. BURIAL, CREMATION, OR REMOVAL 4/13/35

Place St. Joseph's Cemetery Texas Md. 19

19. UNDERTAKER Chas. B. Grace & Son

(Address) 1131 Madison Ave

20. FILED APR 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10th. 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 . 1935. to April 10 . 1935.

I last saw h[illegible] alive on April 7 . 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2/12/35
Hemorrhage of Stomach	4/5/35

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__.

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

(Signed) E. Gill Hall, M. D.

(Address) 1631 E Northern

M. D. B. 1203-9

11515 HEALTH DEPARTMENT—CITY OF BALTIMORE

V F 11515

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 500 N. Robinson St. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 40 yrs. mos. ds.

2. FULL NAME Frances Zak

(a) Residence: No. 500 N. Robinson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Zak

6. DATE OF BIRTH (month, day, year) Sept, 6, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

FATHER

13. NAME Joseph Tacina

14. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Czecho-Slovakia

17. INFORMANT James Zak

(Address) 500 N. Robinson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 12/35

19. UNDERTAKER Frank Cvach & Son

(Address) 1906 Ashland Ave.

20. FILED [illegible] Registrar.

R 0 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14 . 1930. to Apr. 9 . 1935

I last saw her alive on Apr. 8 . 1935 Death is said to have occurred on the date stated above, at 5.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	3-4 years

Other contributory causes of importance:

none

Name of operation Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Novak, M. D.

(Address) Medical Art Bldg

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-0

F 11516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 W. Fayett St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stuart Kearney

(a) Residence: No. 1322 Eutaw St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Armeni Brooks

6. DATE OF BIRTH (month, day, year) Sept 13 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Broker

10. Date deceased last worked at this occupation (month and year) April 8 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Kearneysville W. Va.

FATHER

13. NAME John Kearsley Kearney

14. BIRTHPLACE (city or town) (State or country) Kearneysville W. Va.

MOTHER

15. MAIDEN NAME Mary Daniels

16. BIRTHPLACE (city or town) (State or country) [illegible]

17. INFORMANT J. Kearsley Kearney

(Address) 10 E Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Skyesville Md April 11 1935

19. UNDERTAKER Henry W. Bukenis Co

(Address) N. Eutaw & Madison

20. FILED APR 10 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Sudden	

Other contributory causes of importance:

Coronary Sclerosis	
Hypertension	

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M Kenlon M. D. Coroner

(Address) 500 E Chase St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

11517 F 11517

11517 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 E. 21st St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Dunn

(a) Residence: No. 500 E. 21st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph B. Dunn

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 73; Months —; Days —; If LESS than 1 day, hrs. or min. —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Peter Kelly

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Margaret McCafferty (Address) 500 E. 21st St

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Date: Jan 13. 1935

19. UNDERTAKER: Mary M. Woodford (Address) 501 E. 22nd St

20. FILED JAN 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 1/8/35

22. I HEREBY CERTIFY, That I attended deceased from 11/25/35, 19 . to 1/8/35, 19 35.

I last saw h alive on April 6, 1935. Death is said to have occurred on the date stated above, at 7:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	11/7/35
Toxic Ileus	11/6/35
None	
Other contributory causes of importance:	
Cirrhosis of Liver	2/8/35
Central Pneumonia	2/8/35
Arteriosclerosis	

Name of operation: Laparotomy Date of 1/15/35

What test confirmed diagnosis: Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Hurley M. D.

(Address) 532 E. 22nd St

PER 10 1935

Registered

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

Covey

F 11518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11518

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Cavey.

(a) Residence: No. 415 S. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17-1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.	—	23 yrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1069

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Nathaniel Cavey.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Bertie Greenwell.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine Cavey (Sister)

(Address) 415 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 13 1935

19. UNDERTAKER George L. Lohfert

(Address) 211 Fredrick Ave

20. FILED 19 Registrar

APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1935.

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1935 to 4/9 1935

I last saw her alive on 4/9 1935 Death is said to have occurred on the date stated above, at 6 55 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis & Uremia.	1 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 10 1935

M. D. P. 1268-9

F 11519

11519

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home 2nd Infirmary St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Benner

(a) Residence: No. 4421 Wilkins Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of: John Benner

6. DATE OF BIRTH (month, day, year): August 1876

7. AGE: Years: 58 | Months: 7 | Days: | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Peter Pickert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Johanna Lesh

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John A. Benner

(Address): 4421 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: April 13 1935

19. UNDERTAKER: George L. Lehnert

(Address): 2421 Eutaw Place

20. FILED ... 19... Registrar

APR 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-30, 1935, to 4-9, 1935

I last saw her alive on 4-9-, 1935. Death is said to have occurred on the date stated above, at 2:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism post operative	4-9-35
	over

Other contributory causes of importance:

Name of operation: Appendectomy; Herniorrhaphy and Cholecystectomy Date of: 4-1-35

What test confirmed diagnosis? Clinical Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard J. V. Hauver M. D.

(Address) Church Home & Infirmary

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. No. F 11520 F 11520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-B

1. PLACE OF DEATH Church Home and Infirmary. Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Theresa Grant

(a) Residence: No. Belair, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr William Grant.

6. DATE OF BIRTH (month, day, year) June 8, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Record, Maryland.

FATHER

13. NAME Mr John Wiker

14. BIRTHPLACE (city or town) (State or country) Philadelphia, Pennsylvania.

MOTHER

15. MAIDEN NAME Margaret Hart

16. BIRTHPLACE (city or town) (State or country) Brookeville, Maryland.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place W Zorn Date Apr 13 1935

19. UNDERTAKER Degn & Sons
(Address) Baltimore Md

20. FILED APR 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 16, 1935, to April 10, 1935

I last saw h.e.r. alive on April 10, 1935. Death is said to have occurred on the date stated above, at 3.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Adhesions - Old	
Other contributory causes of importance: Intestinal Obstruction	about 3 months

Name of operation — Date of

What test confirmed diagnosis? War there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Werley J. Katz, M. D.

(Address) Church Home & Inf.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11521 F 11521

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 220 N. Caroline St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Brooks

(a) Residence: No. 220 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena

6. DATE OF BIRTH (month, day, year) Aug 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Beulah McGlotten (Daughter)
(Address) ~~1515 Mo~~ 2132 Etting St

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem Date April 13, 1935

19. UNDERTAKER Peter F. Wilkinson
(Address) 1515 McCulloh St

20. FILED ..... 1935 .....
Registrar.

APR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at before 7 A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Bowen, M. D.
Coroner

(Address) 701 E. Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

M. D. Form 9

F 11522

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11522

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 221 So. Gilmor St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie E. Reddinger

(a) Residence: No. 221 So. Gilmor St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marce D. Reddinger

6. DATE OF BIRTH (month, day, year) Dec. 14 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5 97

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Dolding

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Marie D. Reddinger

(Address) 221 So. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 4/11/35, 19

19. UNDERTAKER Frederick A. Cole

(Address) 1500 W. Lombard St

20. FILED APR 11 1935, 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on Inquiry ?, 19 ... Death is said to have occurred on the date stated above, at ... : ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 9 1935.
Other contributory causes of importance: Chronic Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jeff L. Volpe Coroner, M. D.

(Address) 16 So. Broadway

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

APR 11 1935

M. D. B. 1268-9

F 11523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11523

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. Fayette St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME BABY SHIRLEY HILL

(a) Residence: No. 310 So. Mount St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/7/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto Md.
(State or country)

FATHER

13. NAME Mr. Howard Hill

14. BIRTHPLACE (city or town) Balto Md
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Rapp

16. BIRTHPLACE (city or town) Balto. Md
(State or country)

17. INFORMANT Howard Hill
(Address) 310 S. Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 4/13/35 19

19. UNDERTAKER Frederick A. Orle
(Address) 1200 W Lombard St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15 1935 to 4-10 1935

I last saw her alive on 4-10 1935 Death is said to have occurred on the date stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Clement A. Shanahan M. D.

(Address) Bon Secours Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. P. No. F 11524

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11524

CERTIFICATE OF DEATH

100

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Poplar Grove St. 15 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Alice Bossle

(a) Residence: No. 2005 Poplar Grove St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Francis Bossle

6. DATE OF BIRTH (month, day, year) May 21, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas A Welch

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Kuhns

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Albert J Bossle
(Address) 2005 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Ht. Redeemer Date April 12, 1935

19. UNDERTAKER Wurst & Veltz F.
(Address) 1606 N Chester St

20. FILED [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to Apr 9, 1935

I last saw h[illegible] alive on Apr 9, 1935 Death is said to have occurred on the date stated above, at 4P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of Left Leg (varicose ulcer)	1/5/35
Other contributory causes of importance:	
Hypostatic pneumonia	5 days

Name of operation ✓ Date of ✓

What test confirmed diagnosis? CC Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. T. Kyrill, M. D.

(Address) 3321 Frederick Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11525

F 11525

CERTIFICATE OF DEATH

34-9-107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nevitt Roberts.

(a) Residence: No. 1504 Madison Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel.

6. DATE OF BIRTH (month, day, year) 2/21/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49.	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Upton Roberts.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Carrie Harvey.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Date 19

Mt. Auburn April 2 35

19. UNDERTAKER Thomas E. Wright
(Address) 1015 Eutaw Ave.

20. FILED 19 Registrar.

APR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935 to 4/7, 1935

I last saw h alive on 4/7, 1935 Death is said to have occurred on the date stated above, at 8 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days (days?)
Pneumococcus meningitis	1 year
Other contributory causes of importance:	
Aortic insufficiency Syphilitic	1½ yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

INSTRUCTIONS: Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 126 F 11526

F 11526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Marlborough Apts. 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Lauer Holzman

(a) Residence: No. Marlborough Apts. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Michael Holzman

6. DATE OF BIRTH (month, day, year) Sept. 20, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ignatius Lauer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. F. H. Frank

(Address) Marl. Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Har Grace Cem Date Apr. 12, 1935

19. UNDERTAKER David Lundheim & Son

(Address) 1902 Eutaw Place

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1935, to 3-10, 1935

I last saw h. alive on 3-10, 1935 Death is said to have occurred on the date stated above, at 2.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance:	
Pneumonia	

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Cohen, M. D.

(Address) Marlborough

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F 12[illegible]

F 11527

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11527

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Samuel Kahn~~ Samuel Kahn

(a) Residence: No. 3811 Norfolk Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE Elena F. Kahn

6. DATE OF BIRTH (month, day, year) Aug. 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) Jany. 1935. | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Bernhardt Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rothmund

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. S. Kahn

(Address) 3811 Norfolk Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Friendship Cem. 11 1935

19. UNDERTAKER David Goodman & Son

(Address) 1902 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-22 1935 to 4-9 1935

I last saw him alive on 4-9 1935 Death is said to have occurred on the date stated above, at 1 10 P m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Arteriosclerosis

Chronic Myocarditis

Coronary Thrombosis

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel J. Schwartz, M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11528

F 11528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5010 Park Heights Ave St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter W Bradley

(a) Residence: No. 5010 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose I. Bradley

6. DATE OF BIRTH (month, day, year) Oct 27-1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John Bradley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Augusta Walsh

16. BIRTHPLACE (city or town) (State or country) Harrisburg Pa

17. INFORMANT Christine Wells.
(Address) Randall ave (Pikesville)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Friendship Cem. Date 4/13 35

19. UNDERTAKER Leonard Flinchbaugh
(Address) 1201 Hollins St

20. FILED APR 11 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/35 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 9 1935 to Apr 10 1935

I last saw him alive on Apr 9 1935 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma of forehead	

Other contributory causes of importance:

Name of operation Curettage, X Ray. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Charles J. Wells M. D.

(Address) 6276 Park Heights Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1069-3

F 11529

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11529

CERTIFICATE OF DEATH

34-J-124-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie West.

(a) Residence: No. 601 N. Broad St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John West.

6. DATE OF BIRTH (month, day, year) Aug 12, 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35.	8 7	28 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Harvey James.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Bankert

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary Shipley wife
(Address) 601 N. Broad St.

18. BURIAL, CREMATION, OR REMOVAL
Place Silver Hill Md. Date April 17 1935

19. UNDERTAKER Roland E. Fuhlers
(Address) 612 N. Monroe St

20. FILED . 19 . By Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/3 . 1935 to 4/10 . 1935

I last saw her alive on 4/10 . 1935 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver	1 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter . M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11530 | 1530

CERTIFICATE OF DEATH

107-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Brune St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Keim

(a) Residence: No. 616 Brune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John

6. DATE OF BIRTH (month, day, year) June 20, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80. 80	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Bernhardt Keim

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary E. Schmelz

(Address) 616 Brune St

18. BURIAL, CREMATION, OR REMOVAL. Place Loudon Park Date 4/12/1935

19. UNDERTAKER Charles H. Kellner

(Address) 2361 Edmondson Ave

20. FILED APR 11 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935, to April 9, 1935

I last saw h.er alive on April 9, 1935. Death is said to have occurred on the date stated above, at 9:42 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	April 6 1935
Other contributory causes of importance: Acute Bronchitis	March 13 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Nathan J. Davidson M. D.

(Address) 322 S Eastern Av

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

11531 29398 Allen

HEALTH DEPARTMENT—CITY OF BALTIMORE 11531

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Length of residence in city or town where death occurred 58 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Allen

(a) Residence: No. 205 S Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Married~~

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hauling

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Int Baltimore Cem. Date April 12 1935

19. UNDERTAKER Mrs. Robert A. Elliott

(Address) 1129 Cardenas St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1934 to April 8, 1935

I last saw him alive on April 8, 1935 Death is said to have occurred on the date stated above, at 1.00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema, myocardial failure	4 yrs ago

Other contributory causes of importance:

Arteriosclerosis, hypertension	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Carmichael Kilgline, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11532

CERTIFICATE OF DEATH

193

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. W. Balto Gen'l Hosp St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas Nelson Thompson

(a) Residence: No. 311 Wyman Park Drive St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M. Elizabeth Thompson

6. DATE OF BIRTH (month, day, year) Aug. 9, 1886

7. AGE Years 48 Months 8 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R.R.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md

FATHER

13. NAME Chas Nelson Thompson

14. BIRTHPLACE (city or town) (State or country) Uniontown Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT W. Balto Gen'l Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Our Freedom Date Apr. 13, 1935

19. UNDERTAKER Paul N. Hartenstein

(Address) New Freedom Pa

20. FILED APR 11 1935, 19 Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19, I last saw h alive on 19. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Stomach	
Electrocuted	

Other contributory causes of importance: Was assisting wheelbarrow Head came in contact high tension wire

Name of operator None Date of

What test confirmed diagnosis Physical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury April 9, 1935

Where did injury occur? Tract near Power House (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Electrocuted

Nature of injury Electrocuted

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. Leech, M. D. Coroner

(Address) Coroner

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

M. D. B. 1268-9

F 11533 — F 11533

F 11533 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓X 211-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 33rd St., Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert L. Algire

(a) Residence: No. arcadia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Mar 24-1915-

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	20	—	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. orderly U.S.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Reformatory Training School
10. Date deceased last worked at this occupation (month and year) 4/9/35 — 11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Virgil Algire
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Florence M. Gunnison
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Virgil Algire
(Address) Upperco, Md

18. BURIAL, CREMATION, OR REMOVAL
Place St Pauls, Balto Date Apr 13. 1935

19. UNDERTAKER Edw C Talbot
(Address) Hampstead Md

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from virgin, 19..., to ..., 19...
I last saw h... alive on virgin, 19... Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	4/11/35

Other contributory causes of importance:

Motor cycle ~~Contributory~~ Accident	4/11/35

Name of operation Craniotomy Date of 4/11/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/11, 1935
Where did injury occur? Reisterstown Rd nr Pleasant Hill
(Specify city or town, county, and State)
Specify whether injury occurred in industry, on home, or in public place Street Accident
Manner of injury Motorcycle he was riding
Nature of injury Skidded & struck a tree

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Pdcorn M. D.
Coroner
(Address) 200 E Madison St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

M. D. B. 1268-9

F 11534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11534

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 3701 Northern Pkwy. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Fierman

(a) Residence: No. 3701 Northern Pkwy. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johanna K. Fierman

6. DATE OF BIRTH (month, day, year) Oct. 9, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John G. Fierman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Julianna Streib

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. F. Fierman
(Address) 3701 Northern Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 12 19 35

19. UNDERTAKER Frank Lassahn & Son
(Address) 2701 Eastern Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1934 to April 10, 1935

I last saw him alive on April 10, 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum (General metastases)	about 1933
Other contributory causes of importance:	
Malnutrition (Dyspnea)	4 mos.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Hoffers Rd Baltimore Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 126 F 11535

F 11535

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2103 McCulloh St. 1st Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charlotta Copeland

(a) Residence: No. 2103 McCulloh St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Copeland.

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress. 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Va.
(State or country)

FATHER

13. NAME Charlotta Hill

14. BIRTHPLACE (city or town) Va
(State or country)

MOTHER

15. MAIDEN NAME Charlotta Hill

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Henry Copeland
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Va Date April 11 1935

19. UNDERTAKER Edw Bryan
(Address) 1631 Orleans St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6 1935 to 4/9 1935

I last saw h. alive on 4/9 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy + Paralysis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Bron Rbutler, M. D.

(Address) City Hall

M. D. B. 1268-A F 11536

F 11536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3933 Canterbury Rd. St., 12 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Benjamin Thomas Jr.

(a) Residence: No. 3933 Canterbury Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lydia Boucher

6. DATE OF BIRTH (month, day, year) 3/19/88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	-	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John B. Thomas

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Effie Harris

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Lydia B. Thomas
(Address) 3933 Canterbury Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge emy. 4/12/35 19

19. UNDERTAKER John C. Mitchell & Son
(Address) 1900 Eutaw Place

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 3rd. 19 35 to April 10th 19 35

I last saw him alive on April 8th. 19 35 Death is said to have occurred on the date stated above, at 12 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	4/10
Other contributory causes of importance: Hypertension	

Name of operation - Date of -

What test confirmed diagnosis? Paralysis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify -

(Signed) M. D.

(Address) Room 318 Union Station

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1263-9

F 11537

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11537

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Anna Madeline Mundon

(a) Residence: No. 2927 E. Madison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Robert C. Mundon

6. DATE OF BIRTH (month, day, year): Feb 13/1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	14 27	

OCCUPATION

8. Trade, profession, or particular kind of work done as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Phila. Pa.

FATHER

13. NAME: John F. Williams

14. BIRTHPLACE (city or town) (State or country): Penna.

MOTHER

15. MAIDEN NAME: Anna Unknown

16. BIRTHPLACE (city or town) (State or country): Penna.

17. INFORMANT: Robert C. Mundon

(Address): 2927 E. Madison St

18. BURIAL, CREMATION, OR REMOVAL

Place Oakland Cy Date 4/6/35, 19

19. UNDERTAKER: Geo. Roth Son

(Address) 1710 Harford Ave

20. FILED 4-6-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Chr Nephritis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) 508 E Fayette

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v 96

R 4 1935

M. D. B 1268-9

F 11538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11538

CERTIFICATE OF DEATH

167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2416 E. Lafayette Ave St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harrison Royer

(a) Residence: No. 2416 E. Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of May A.

6. DATE OF BIRTH (month, day, year) March 5/1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bronson Shoe Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 66

12. BIRTHPLACE (city or town) (State or country) Sabillisville. Md.

FATHER

13. NAME John Royer

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Amanda

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT May A. Royer (wife)
(Address) 2416 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Date April 11 35

19. UNDERTAKER Albert W Bruegman
(Address) 440 E North Ave

20. FILED APR 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shot gun wound of head	apr 9/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? suicide Date of injury 4/9/35, 19.....
Where did injury occur? Baltimore. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury placed gun in mouth
Nature of injury pulled trigger with toe

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] Coroner, M. D.
(Address) 108 E Fronte

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Vs6

M. D. P. 1268-9

F 11539

11539 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1717 N. Carey St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Edward Zabel

(a) Residence: No. 1303 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anna M. Zabel

6. DATE OF BIRTH (month, day, year) Feb 22/1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	14/16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sefton Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Chas. Zabel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Schwaitz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Anna M. Zabel 1303 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL. Place Balto. Cem. Date 4/17/35

19. UNDERTAKER (Address) Philip Sterling Sons 2016 Orleans St

20. FILED 4/11/1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8/35

22. I HEREBY CERTIFY, That I attended deceased from May 8th, 1934, to April 8th, 1935. I last saw him alive on March 25th, 1935. Death is said to have occurred on the date stated above, at 8 30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Influenzal	

Other contributory causes of importance:

Arterio Sclerosis	

Name of operation None Date of

What test confirmed diagnosis? Examination. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) J. Wilder Wirth M. D.

(Address) 3005 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1208-9

F 11540

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11540

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1208 W. Mulberry St. St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Freeman

(a) Residence: No. 1208 W. Mulberry St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah Freeman

6. DATE OF BIRTH (month, day, year) June 11, 1868.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0023

12. BIRTHPLACE (city or town) (State or country) Kent Ct. Maryland

FATHER

13. NAME George Freeman

14. BIRTHPLACE (city or town) (State or country) Kent Ct. Maryland

MOTHER

15. MAIDEN NAME Florence Williams

16. BIRTHPLACE (city or town) (State or country) Kent Ct. Maryland

17. INFORMANT Josephine Robinson
(Address) 1208 W. Mulberry St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7/12 1935

19. UNDERTAKER Charles G. Cooper
(Address) 5411 Eastern Ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquiry 19 Death is said to have occurred on the date stated above, at 5.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr. 9 1935
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Coroner M. D.

(Address) 16 South Broadway

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vse

M. D. B 1265-9

F 11541

11541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Dredge No.3 Arundel Corporation

CITY OF BALTIMORE: (Not off Maryland Shipbuilding & Dry Dock Co.) 14 (Ward)

Length of residence in city or town where death occurred 15 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Sebastian A. Adams.

(a) Residence: No. 1818 Linden Ave. St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If ~~married, widowed~~ or divorced
~~HUSBAND~~ of ~~WIFE~~ Evelyn Adams.

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	46	;---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Deck hand.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

FATHER

13. NAME Archie Adams.

14. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT William T. Price.
(Address) 1818 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Date April 11th 1935

19. UNDERTAKER Bernard C. Harle
(Address) 1000 S. Paca St.

20. FILED APR 11 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of No

What test confirmed diagnosis? Inquiry Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto Reinhardt, M. D. Coroner

4/11/35 (Address) 1017 S. Charles St.

INFORMATION OF DEATH in plain terms, so that it may be properly classified. Label statements as to OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1208-9

11542 ✓ F 11542

11542 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3 H-C

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. City Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Hawkins

(a) Residence: No. 936 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT James Hawkins
(Address) 936 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL
Place Int Auburn Date 4-11 1935

19. UNDERTAKER Jas. Sr. Skinner
(Address) 1335 N. Stricker st

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Haemorrhage from Ruptured Aorta	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? NO Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) S. P. Herzog MD M. D.
Coroner

(Address) 1305 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 11543 ✓ F 11543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 23 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John James

(a) Residence: No. 35 W. Cross st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah James

6. DATE OF BIRTH (month, day, year) June 10, 1899 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
35	32 - ~~35~~ ??	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Savannah Georgia

FATHER

13. NAME Jerry James

14. BIRTHPLACE (city or town) (State or country) Savannah Georgia

MOTHER

15. MAIDEN NAME Lizzie Grayson

16. BIRTHPLACE (city or town) (State or country) Savannah Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date April 13 1935

19. UNDERTAKER Isaac L Bronston
(Address) 1018 Montgomery St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5 1934 to April 9 1935
I last saw him alive on April 9 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Myer W. Jacobson M. D.

(Address) Balto City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-9

F 11544

11544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-al

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 21 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Wayman

(a) Residence: No. 623 N. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) June, 1855.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (None)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Chas. Wayman.

14. BIRTHPLACE (city or town) (State or country) Caroline Co, Md

MOTHER

15. MAIDEN NAME Eliza ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date April 13, 1935

19. UNDERTAKER Sarah L Brown Son
(Address) 1084 W Monty ogy St

20. FILED 4-11-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/26, 1934 to 4/9, 1935

I last saw h[illegible] alive on 4/9, 1935. Death is said to have occurred on the date stated above, at 6[illegible] p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral hemorrhage	2 mos.
(2) Arteriosclerosis	
(3)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 11545

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Hawn

(a) Residence: No. 679 Bradley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Hawn

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country) md

FATHER

13. NAME

14. BIRTHPLACE (City or town) ..... (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (City or town) ..... (State or country) Hospital record

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Ct Date April 13, 1935

19. UNDERTAKER Sarah R. Brown Son

(Address) 1081 Montgomery St

20. FILED ..... 19..... Registrar.

APR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-9-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edgar Zeller M. D.
Coroner

(Address) 2739 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 11546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11546

CERTIFICATE OF DEATH

93-I

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 22 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lewis.

(a) Residence: No. 5235 Charles. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) 5/21/1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. > 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jalus.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Louisiana Averton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bdl. (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Laurel Hgts Date 4/10 35

19. UNDERTAKER J. J. Fahey & Son (Address) 1318 Lydia St.

20. FILED 4-11-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/2, 1935 to 4/7, 1935

I last saw him alive on 4/7, 1935. Death is said to have occurred on the date stated above, at 4 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 wks.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roland A Reitz M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

✓ F 11547

11547

HEALTH DEPARTMENT—CITY OF BALTIMORE

145-a-90

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 21 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Parham

(a) Residence: No. City Hospital (Usual place of abode) University Hospital St. 809 Orland st. Ward. ... (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of R Parham

6. DATE OF BIRTH (month, day, year) 1912

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
23	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife 0039

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Savoy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME — Not Known

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Richard Parham

(Address) 809 Orland st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date April 10th 35

19. UNDERTAKER Edwin A Williams

(Address) 1124 Pennsylvania Ave

20. FILED APR 11 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 9 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 4 , 1935 to 4 9 , 1935

I last saw h[illegible] alive on 4 9 , 1935 Death is said to have occurred on the date stated above, at 9:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancerous Ulcer	11 4 35
Peritonitis	4 5 35

Other contributory causes of importance:

Pericarditis	(?)

Name of operation Cancerous Ulcer Date of 4 9 35

What test confirmed diagnosis? [illegible] Was there an autopsy? [illegible]

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) [illegible] M. D.

(Address) University Hospital

Information must be given in all cases. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

11548 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 11548

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 N. Kenwood Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Pritchard

(a) Residence: No. 104 N. Kenwood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Alexander W. Pritchard

6. DATE OF BIRTH (month, day, year) Sept. 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Timothy Desmond

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Flynn

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Ellen Mullen

(Address) 104 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 12, 1936

19. UNDERTAKER John J. Moran

(Address) 3000 E. Balto St.

20. FILED APR 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to April 9, 1935

last saw her alive on April 9, 1935 Death is said to have occurred on the date stated above, at 7:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1yr
Other contributory causes of importance:	
Arteriosclerosis	2yrs
Hypertension	2yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Moran M. D.

(Address) 2634 E Baltimore St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 11549

11549 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1222 W. Cross St., 21 Ward)

Length of residence in city or town where death occurred 4 hrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Mc Kenny

(a) Residence: No. 1222 W Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Mc. Kenny

6. DATE OF BIRTH (month, day, year) Dec 19. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME George H. Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Higdon

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT George W. Fritz

(Address) 1007 Briscoe St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 13. 1935

19. UNDERTAKER Mrs. Mrs. John H. Doepfer & Son

(Address) 801 W. Fayette St

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15. 1935. to April 11. 1935

I last saw h e alive on April 11. 1935. Death is said to have occurred on the date stated above, at 5.35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	2 dys
Diabetes	
Hypertension-Cardiovascular Disease	5 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph G. Faulkner M. D.

(Address) 679 Washington Blvd

BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 5 3

M. D. B 1268-9

F 11550

F 11550 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 12th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clara C. Campbell

(a) Residence: No. 1800 South Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) Jan. 27, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Bernard Campbell
14. BIRTHPLACE (city or town) (State or country) Mt. Savage

MOTHER

15. MAIDEN NAME Anna L. Fenton
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Rose V. Williams
(Address) 1800 South Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/13 1935

19. UNDERTAKER Downes & Low
(Address) 805 N Eutaw St

20. FILED APR 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw ..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	4/7/35

Other contributory causes of importance:

automobile Accident	4/7/35

Name of operation Decompression Date of 4/8/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/7 1935
Where did injury occur? Sugarad + Lochara Rds
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by auto while
Nature of injury walking across road

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Downes M. D.
Coroner
(Address) 2200 E Madison St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1264 F 11551

F 11551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 W. 25th St., St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Heavey

(a) Residence: No. 13 W. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1863

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): Baltimore Md

11. Total time (years) spent in this occupation: Ordinary Hospital

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Cadwen Heavey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Hahey

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs C. Heavey

(Address) 13 W. 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Cemetery Date April 12 1935

19. UNDERTAKER Mary Mc Whitefield

(Address) 701 N Fulton Ave

20. FILED APR 12 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1934 to April 10 1935

I last saw h[illegible] alive on April 9 1935. Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Other contributory causes of importance:	
Arteria Sclerosis	7/1/31

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Wm J Schmitt M. D.

(Address) 701 N. Fulton Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 F 11552 Felix E. Ridings F 11552

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Hospital for the Women of Maryland Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John & Lafatte St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Felix Mrs. Claude E. Ridings

(a) Residence: No. 304 Hilton Ave St., ... Ward. Catonsville Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mr Claude E. Ridings

6. DATE OF BIRTH (month, day, year): Feb. 14, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Salisbury Md.

FATHER

13. NAME: Sewell H. Richardson

14. BIRTHPLACE (city or town) (State or country): Salisbury Md.

MOTHER

15. MAIDEN NAME: Elizabeth Morris

16. BIRTHPLACE (city or town) (State or country): Salisbury Md

17. INFORMANT: Husband
(Address) 304 Hilton St. Catonsville

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park. Date: April 13 1935

19. UNDERTAKER: Josiah Dyer
(Address) 1600 W. North ave.

20. FILED: 4-12 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 23, 1935, to April 10, 1935
I last saw her alive on April 10, 1935 Death is said to have occurred on the date stated above, at 3 15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lymphatic Leukemia	3-13-35

Other contributory causes of importance:

Secondary Hemorrhage from all mucous surfaces	

Name of operation: None Date of: —

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Beverley Co. Compton M. D.

(Address) Women's Hosp.

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 11553 F 11553

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH Church Home and Infirmary

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Lda Hauser

(a) Residence: No. 4002 Fernhill Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced [redacted] (or) WIFE of Mr. Paul Hauser

6. DATE OF BIRTH (month, day, year) June 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Mr. George Risse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date April 12. 1935

19. UNDERTAKER Joseph Syfer
(Address) 16 E. St. Paul Place

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935. to April 9, 1935.
I last saw her alive on April 9, 1935. Death is said to have occurred on the date stated above, at 10:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance:	
Cerebral Thrombosis	3/31/35
Coronary Occlusion (?)	4/3/35

Name of operation — none — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Wesley J. Ketz M. D.

(Address) Church Home Infir.

V. S. 3

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 126 F 11554

F 11554

HEALTH DEPARTMENT--CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2834 Lockwood Ave. Ward 9)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza A Huttenbauer

(a) Residence: No. 2834 Lockwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles Huttenbauer

6. DATE OF BIRTH (month, day, year) Dec 31 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Francis Saville

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret Wilkinson

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Grace Huth

(Address) 2834 Lockwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4/13. 1935

19. UNDERTAKER Wilson Cook

(Address) 1921 Eutaw St

20. FILED . . 19 . . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thurs 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 . 1935. to April 10 . 1935

I last saw her alive on April 10 . 1935 Death is said to have occurred on the date stated above, at 1:05 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	20 days
Arteriosclerosis	

Other contributory causes of importance:

Chronic Brights disease

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ed A Zimmerman.

(Address) 2453 Hereford Rd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-B

F 11555

F 11555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2626 Matthews Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Jenkins

(a) Residence: No. 2626 Matthews Ave St., Ward.
(Usual place of abode) 20 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Charles W. Jenkins

6. DATE OF BIRTH (month, day, year) Sept 3, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 30 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) Nov 26/34

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Page Co. Va.

FATHER

13. NAME William R. Knight

14. BIRTHPLACE (city or town) (State or country) Page Co. Va

MOTHER

15. MAIDEN NAME Henrietta Knight

16. BIRTHPLACE (city or town) (State or country) Page Co. Va

17. INFORMANT Charles W. Jenkins

(Address) 638 N. Locust St Hagerstown Md

18. BURIAL, CREMATION, OR REMOVAL

Place St Marys Hamden April 14 35

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED APR 16 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1935 to April 10, 1935.

I last saw her alive on April 10, 1935. Death is said to have occurred on the date stated above, at 5:3 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left lung — Date of onset

Other contributory causes of importance:

no

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury nd

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify nd

(Signed) Robert B Taylor, M. D.

(Address) 20 E. Preston St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-5

F 11558

F 11556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2315 Sulgrave Ave St. 37 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Matthews

(a) Residence: No. 2315 Sulgrave Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Beverly W. Matthews

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home. 2037

10. Date deceased last worked at this occupation (month and year) Jan 1/35

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Beverly W. Matthews

(Address) 2315 Sulgrave Ave

18. BURIAL, CREMATION, OR REMOVAL April 13/35

Friends Meeting House Cemetery Sparks Md

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1935 to April 10 1935

I last saw her alive on April 9th 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 10 1935
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Cystitis	chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas J. Corcoran M. D.

(Address) 11 E Chase St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 12 1935

M. D. B. 1943-B

F 11557

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11557

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Md Gen Hosp St., 12 Ward)

Length of residence in city or town where death occurred 2a. 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Pulling

(a) Residence: No. 2320 N. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mowris R Pulling

6. DATE OF BIRTH (month, day, year): July 28th 1899

7. AGE: Years 35 Months 8 Days 12 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year): 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maine

FATHER
13. NAME: Ulysses S. G. Peoples
14. BIRTHPLACE (city or town) (State or country): Maine

MOTHER
15. MAIDEN NAME: Lillian Doughrity
16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT: Grant Peoples
(Address) 300 E 30th St

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: April 13th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19... ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 11, 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: Date of onset

Intestinal Obstruction
1 week

Other contributory causes of importance: Abdominal adhesions

Name of operation: Exploratory Date of: ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) H. Truth M. D.
Coroner
(Address) Baltimore

OCCUPATION is very important. See instructions on back of certificate.

R 12 1935

M. D. F 11558

F 11558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 3 Ward)

Length of residence in city or town where death occurred 42 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Yeager, Jr.

(a) Residence: No. 1415 Eastern ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 8, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41 42	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0085

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Robert Yeager

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Caroline Hoey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthews Cemty Date April 13th 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to April 10 1935.

I last saw him alive on April 10 1935. Death is said to have occurred on the date stated above, at 8:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pulmonary Tuberculosis	Unknown
2 Amyloidosis	Unknown

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Mayer W. Jacobson M. D.

(Address) Baltimore City Hospital

V S 3

MAR 12 1935

CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1206-D

F 11559

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11559

CERTIFICATE OF DEATH

C 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1236 Penna ave St., 17 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Gassoway

(a) Residence: No. 1236 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Moses Gassoway

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Sparrow

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Brown

(Address) 5311 W. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/13 1935

19. UNDERTAKER Frazier A. Hemsley.

(Address) 515 N. Biddle St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 10, 1935.

I last saw him alive on April 10 1935 Death is said to have occurred on the date stated above, at 11:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 1

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H Smith M. D.

(Address) 515 N. Wolfe St.

V S 3

THE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

APR 12 1935

M. D. F. 1268-9

F 11560 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11560

CERTIFICATE OF DEATH ✓ 82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St. 76 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fillmore Diggs

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lancaster Co, Va.

FATHER

13. NAME Moses.

14. BIRTHPLACE (city or town) (State or country) Lancaster Co Va.

MOTHER

15. MAIDEN NAME Louisa Blackstone

16. BIRTHPLACE (city or town) (State or country) Lancaster Co, Va.

17. INFORMANT Records B. of H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 4/12, 1930

19. UNDERTAKER Frazer A. Hemsley.
(Address) 538 N. Bradle St.

20. FILED 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1930

22. I HEREBY CERTIFY, That I attended deceased from 3/26, 1930, to 4/7, 1930

I last saw him alive on 4/7, 1930. Death is said to have occurred on the date stated above, at 5-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz. M. D.

(Address) Balto City Hosp.

Use CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

R12 1935

Spec.--8-30--A. & Co.--40M

F 11561 F 11561

HEALTH DEPARTMENT—CITY OF BALTIMORE

J 107-a

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH 1121 Park ave

CITY OF BALTIMORE (No Baltimore St. 11 WARD)

2-FULL NAME Georganna Ross

(a) RESIDENCE NO. 1121 Park ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

6a If married, widowed, or divorced WIFE of (or) HUSBAND of John Ross.

6 DATE OF BIRTH (month, day, and year) Sept 26/65

7 AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	69	6	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Domestic
(b) General nature of industry, business, or establishment in which employed (or employer) Private
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md

PARENTS
10 NAME OF FATHER Thomas Ross
11 BIRTHPLACE OF FATHER (city or town) (State or country) Md
12 MAIDEN NAME OF MOTHER Lucretia Simms
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Emma V. Dublin (Address) 1121 Park ave.

15 Filed APR 12 1935 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 10/35

17 I HEREBY CERTIFY, That I attended deceased from April 7. 1935 to April 10 1935
that I last saw h.er alive on April 10. 1935
and that death occurred, on the date stated above, at 5.30 m.
The CAUSE OF DEATH* was as follows:

Toxemia

(duration) 3 yrs. mos. ds.
CONTRIBUTORY Bronchial Pneumonia
(Secondary)
(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? Physical Signs

(Signed) John W Tompkins M.D.
19 (Address) 1012 N Lafayette

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cem

20 UNDERTAKER Francis A Hemsley.

DATE OF BURIAL 4/13 1935
ADDRESS 578 W Biddle St.

TION is very important. See instructions on back of certificates.

M. D. B. 1268-9

F 11562

F 11562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mathilda Dorsey

(a) Residence: No. 805 N Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elijah Dorsey

6. DATE OF BIRTH (month, day, year) Mar 28 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Bailey

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Liggie Duncan

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elijah Dorsey
(Address) 805 N. Bruce

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/12, 1935

19. UNDERTAKER Lemmon & Sons
(Address) 2388 Pulaski

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3304 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	

Other contributory causes of importance: arw

Name of operation..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, how? .....

(Signed) E K Henry M.D. Coroner, M. D.

(Address) 1305 N Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 11563

M. D. F 1268 F 11563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 2nd Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Flurwitz

(a) Residence: No. 24 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Jewish	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9067

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harry Flurwitz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary Marcus

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Levee Mt. Carmel Date 4/12/35

19. UNDERTAKER (Address) Jos. L. Levin Co. 1439 E. Baltimore St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935 to April 11, 1935.

I last saw her alive on April 10, 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma - metastatic	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Path. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Weber M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1-39 F 11564 F 11564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 123

CITY OF BALTIMORE: (No. ..... St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clarence Kelly

(a) Residence: No. 888 W. Baltimore St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 12, 1886

7. AGE: Years 49 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soda Fountain
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME William Kelly
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER
15. MAIDEN NAME Pocahontas Kelly
16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Memorial Gdns. Date Apr. 15, 1935

19. UNDERTAKER Wm. J. Lecher & Son
(Address) Balto

20. FILED APR 12 1935, 19 R.W.K. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935 to April 11, 1935
I last saw him alive on April 11, 1935 Death is said to have occurred on the date stated above, at 1:55 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Mesenteric	4/4/35
Other contributory causes of importance: Gangrene. Colon	4/9/35

Name of operation Colostomy Date of 4/10/35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19 ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lonnie F. Grist M.D.
(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12-35 F 11565

F 11565

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

342-107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Woods

(a) Residence: No. 713 Broad St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) 3/18/1859.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76.		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pub. Hosp.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

FATHER

13. NAME Henry Woods.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Linda Brooks.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Christina Cook (sister-in-law)

(Address) 513 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/12/35

19. UNDERTAKER Frances A. Hemsley

(Address) 378 W. Biddle St.

20. FILED

Registrar

APR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1935 to 4/7, 1935

I last saw him alive on 4/7, 1935 Death is said to have occurred on the date stated above, at 10:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	11 days.

over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Pentz, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 126 F 11566

F 11566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 330-E-27½ St., 12 Ward)

Length of residence in city or town where death occurred 61 yrs. 3 mos. 27 ds. How long in U. S. If of foreign birth 61 yrs. 3 mos. 27 ds.

2. FULL NAME Reginald Noel Pendleton

(a) Residence: No. 330-E-27-St St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Mary C. Pendleton

6. DATE OF BIRTH (month, day, year): Dec-14-1873

7. AGE: Years 61 | Months 3 | Days 27½ | If LESS than 1 day, hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bethlehem Steel Co-Employe

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): April 25 35

11. Total time (years) spent in this occupation: 28 yrs.

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

FATHER

13. NAME: Could not ascertain

14. BIRTHPLACE (city or town) (State or country): Could not ascertain

MOTHER

15. MAIDEN NAME: Could not ascertain

16. BIRTHPLACE (city or town) (State or country): Could not ascertain

17. INFORMANT: Mrs Mary C Pendleton (wife)

(Address) 330-E-27-St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 13 35

19. UNDERTAKER: Stewart & Co.

(Address) 108 Lanvale Ave.

FILED APR 12 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10 35.

22. I HEREBY CERTIFY, That I attended deceased from April 2. 1935. to April 10 1935

I last saw him alive on April 10 1935 Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Lobar Pneumonia	April 35
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter W. Tuke-M. D.

(Address) 2800 St. Paul St

M. D. B. 1268

F 11567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11567

CERTIFICATE OF DEATH

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Barnes St., 10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosy Staceum

(a) Residence: No. 1432 Barnes St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced HUSBAND of Mary Staceum.

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
about	30	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Cornelius Staceum

14. BIRTHPLACE (city or town) (State or country) Manchester County Md.

MOTHER

15. MAIDEN NAME Bertha Lee

16. BIRTHPLACE (city or town) (State or country) Northumberland Va.

17. INFORMANT Cornelius Staceum
(Address) 1432 Barnes Street

18. BURIAL, CREMATION, OR REMOVAL
Place W. F. Lutheran Cemetery Date 4/12 1935

19. UNDERTAKER Robert F. Young
(Address) 1419 N. Carrollton Ave.

20. FILED APR 12 1935 19 in [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1935 to April 9, 1935.

I last saw him alive on April 7, 1935. Death is said to have occurred on the date stated above, at 9:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June '34
Other contributory causes of importance: Rectal Fistula	Feb 1935

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. F. Young M. D.

(Address) 1419 Northumberland St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-a

F 11568

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11568

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hall

(a) Residence: No. 1928 Druid [illegible] St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles [illegible] Hall

6. DATE OF BIRTH (month, day, year) March 18 [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

FATHER

13. NAME Elijah Adams

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Elizabeth Adams

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Elmer Hall (Son)

(Address) 1928 Druid St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 12 1935

19. UNDERTAKER J. A. Brooks

(Address) 1413 N. Carey St

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 10 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 8 1935 to 4 10 1935

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 2 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-8-35
Other contributory causes of importance: Hypertension	Continuous

Name of operation None Date of No

What test confirmed diagnosis? Dr. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. Kelly M. D.

(Address) Provident Hospital

OCCUPATION is very important. See instructions on back of certificate.

v 6 3

M. D. F. 1956-5

F 11569

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11569

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 Edythe St. 5-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levin Elmore

(a) Residence: No. 1232 Edythe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 17/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		25 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

FATHER

13. NAME William Elmore

14. BIRTHPLACE (city or town) (State or country) S.C.

MOTHER

15. MAIDEN NAME Agusta Lawson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Augusta Elmore

(Address) 1232 Edytne St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cem. Date 4-12-, 1935

19. UNDERTAKER Bryant Mamie W. Wright

(Address) 128 E. Lafayette St

20. FILED , 19 Registrar.

APR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Bronchopneumonia	
Other contributory causes of importance:	

Name of operation inquiry Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Kaufman, M. D.
Coroner

(Address) 502 E. Fayette

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11570 F 11570

CERTIFICATE OF DEATH

6 ✓ 115-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (10) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Butcher

(a) Residence: No. 1647 Orleans St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabth Butcher

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg. Va

FATHER

13. NAME John Butcher

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Olivia

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Elizabth Butcher

(Address) 1647 Orleans St

18. BURIAL, CREMATION, OR REMOVAL

Place U S Nat Cemtery Date April 12-35

19. UNDERTAKER Schofield & Halstead

(Address) 93 E Lanvale St

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 9/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 12.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure following	
Tonsilectomy at Hopkins	Apr 8/35

Other contributory causes of importance:

Malformation of Pulmonary Cardiac Valve

Name of operation Tonsilectomy Date of 4/9/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address) 508 E Fayette

M. D. B. 1208-B

11571

HEALTH DEPARTMENT—CITY OF BALTIMORE

11571

CERTIFICATE OF DEATH

+ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N Fulton ave St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin Lowe

(a) Residence: No. Mc Daniel Talbot Co Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary J. Lowe

6. DATE OF BIRTH (month, day, year) Jan 24 1858

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
77	2	18 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer for 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Rachel Skinner

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs Mary J. Lowe

(Address) 500 N Fulton ave

18. BURIAL, CREMATION, OR REMOVAL Oliver Cemetery

Place St Michaels Md Date April 14 1935

19. UNDERTAKER Chas. G. Black

(Address) 742 W. Baltimore St.

20. FILED APR 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6 1935 to April 11 1935

I last saw him alive on April 10 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	April 11
Other contributory causes of importance: Chronic Myocarditis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place** .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Edward L. Mortimer Jr. M. D.

(Address) 530 N. Fulton Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-6 F 11572

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11572

CERTIFICATE OF DEATH

94-D

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 3220 Presstman St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 12 yrs. ..... mos. ..... ds.

2. FULL NAME Marguerite Bit

Germany

(a) Residence: No. 3220 Presstman St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gabriel Bit

6. DATE OF BIRTH (month, day, year) Aug 12, 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... Retd

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Gelsebach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Gelsebach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Adrienne Richardson

(Address) 3220 Presstman St

18. BURIAL, CREMATION, OR REMOVAL

Place Forestwood Cemetery Date April 15, 1935

19. UNDERTAKER Frederick Sherwood Sons

(Address) 7401 Belair Road

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 33 to April 12th 35

I last saw h[illegible] alive on April 12th 1935. Death is said to have occurred on the date stated above, at 2.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Arterio-Sclerosis	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. Paul Boyd, M. D.

(Address) 3045 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 12 1935

M. D. B. 1268-0 11573

F 11573

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11573

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH En route

CITY OF BALTIMORE: (No. Lucy Hospital St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Zalenski

(a) Residence: No. 918 S. Bonney St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	~~White~~	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
4	4	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto (State or country) Md

FATHER

13. NAME Alexandra Zalenski

14. BIRTHPLACE (city or town) Balto (State or country) Md

MOTHER

15. MAIDEN NAME Josephine Banazek

16. BIRTHPLACE (city or town) Balto (State or country) Md

17. INFORMANT Alexander Zalenski

(Address) 918 S. Bonney

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date April 21 1935

19. UNDERTAKER Stephan J. Fialkowski Inc

(Address) 1006 S. Kenwood Ave

20. FILED APR 12 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia (Primary)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nust Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Feldman M.D. M. D.

(Address) 1315 N Fall Rd Coroner

M. D. B. 12-46 F 11574 Infant Plewacki F 11574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 160B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 235 S. Bouldin St. 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Plewacki

(a) Residence: No. 235 S. Bouldin St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 11, 35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Thomas Plewacki

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maria Nowicki

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Thomas Plewacki
(Address) 235 S Bouldin St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date April 12, 1935

19. UNDERTAKER Casper J. Faltynski
(Address) 1102 S. Kenwood Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 35

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935 to April 12, 1935.

I last saw him alive on April 12, 1935. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1935
Other contributory causes of importance:	none

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) William Ryan M. D.
(Address) 801 Kenwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268

F 11575

2790 F 11575

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen J Foley

(a) Residence: No. 5110 Gary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Timothy

7. DATE OF BIRTH (month, day, year)

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Bernard Nevalls

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Brown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Immaculate Conception Date April 13 1935

19. UNDERTAKER George A Weber

(Address) 705 S Ann Street

20. FILED ..... 19.. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18 1935 to April 10 1935

I last saw her alive on April 10 1935 Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	March 1934
Metastasis	

Other contributory causes of importance:

Name of operation Pneumonectomy Date of 1-15-35

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Temple Swanson Cook, M. D.

(Address) Johns Hopkins Hospital

M. D. F. 1268-9

F 11576

11576

HEALTH DEPARTMENT—CITY OF BALTIMORE

297518

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harvey Wilkins

(a) Residence: No. 1009 Myrtle Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/30/32

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md
(State or country)

FATHER

13. NAME Ollie Wilkins

14. BIRTHPLACE (city or town) Va.
(State or country)

MOTHER

15. MAIDEN NAME Anna May Brown

16. BIRTHPLACE (city or town) Va
(State or country)

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date Apr 12 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St

20. FILED 12 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 31 1935 to April 9 1935

I last saw him alive on April 9 1935 Death is said to have occurred on the date stated above, at 11.53 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	3-27-35
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis T. Schweyer M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

E 11577

HEALTH DEPARTMENT—CITY OF BALTIMORE

11577

CERTIFICATE OF DEATH

91-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6705 Hanford Rd St. 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John William Evans

(a) Residence: No. 6705 Hanford Rd St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice A Evans

6. DATE OF BIRTH (month, day, year) May 30 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Shoes

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Columbus A Evans

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Edith P Evans

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alice A Evans

(Address) 6705 Hanford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4/14 1935

19. UNDERTAKER Leonard Funk

(Address) 1015 Harford Ave

20. FILED ... 19... ... Registrar.

APR 12 1935 APR 14

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 18 1934 to April 11 1935

I last saw him alive on April 10. 1935 Death is said to have occurred on the date stated above, at ... a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub Acute Endocarditis	Sept 1934

Other contributory causes of importance:

Sub Acute Endocarditis	same

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thomas B. Green M. D.

(Address) Hanford & Argonne Roads Baltimore Md.

M. D. B. 1268-9

F 11578

29761 F 11578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 24 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Spanzak

(a) Residence: No. 1422 Reynolds St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Lasaki

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Rose Latsander

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date April 13 1935

19. UNDERTAKER F W Ozmeuski

(Address) 1930 Eastern Ave

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4. 1935 to April 10. 1935

I last saw her alive on April 10. 1935. Death is said to have occurred on the date stated above, at 3:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	? 10 yrs
Diabetes mellitus 4 yrs	4 yrs

Other contributory causes of importance:

Diabetes	? yrs

Name of operation [illegible] Date of 4-1-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) ..... M. D.

(Address) Johns Hopkins Hospital

OCCUPATIONS is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11579

11579

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14-7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George McKinney

(a) Residence: No. 115 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records BEH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4/13 . 19 35

19. UNDERTAKER Thomas E. Kilcoyne
(Address) 1303 Eastern Ave

20. FILED . 19 Registrar

APR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/7 . 1935 to 4/10 . 1935.

I last saw him alive on 4/10 . 1935 Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2168-9

F 11580

11580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Barnett.

(a) Residence: No. 118 W. Appleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/25/1903.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Janitor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pensacola, Fla.

FATHER

13. NAME Edw. Barnett.

14. BIRTHPLACE (city or town) (State or country) Fla.

MOTHER

15. MAIDEN NAME Eliz. Clark.

16. BIRTHPLACE (city or town) (State or country) Fla.

17. INFORMANT Records Bur.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date April 12, 1935

19. UNDERTAKER
(Address)

20. FILED APR 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/8, 1935, to 4/6, 1935

I last saw him alive on 4/6, 1935 Death is said to have occurred on the date stated above, at 11:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis Uremia	2/20/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, where?

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

11581 E 11581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Graham.

(a) Residence: No. 501 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19?1			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Phillip Williams. ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Henrietta ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Ford Date April 12 1935

19. UNDERTAKER
(Address)

12 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/19 1935 to 4/10 1935

I last saw h[illegible] alive on 4/10 1935 Death is said to have occurred on the date stated above, at 7 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	4 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 11582

11582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

5 — ✓ 23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hardy Smith

(a) Residence: No. 1137 McElderry st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Dempsey Smith

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Betty Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred of [illegible] Date April 12, 1935

19. UNDERTAKER [illegible]

(Address)

20. [illegible] Registrar.

12 1935

1267

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 7, 35

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1934 to April 7, 1935

I last saw h im alive on April 7, 1935. Death is said to have occurred on the date stated above, 9.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Tuberculous Meningitis	Apr. 35
2. Pulmonary Tuberculosis	Dec. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer M. Jacobson, M. D.

(Address) Balt. City Hospitals

M. D. F 1268-9

✓ F 11583

F 11583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1140 N. Longwood St., 16 Ward)

Length of residence in city or town where death occurred 62 yrs. 5 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geneveive Tucker

(a) Residence: No. 1140 N. Longwood St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William W. Tucker

6. DATE OF BIRTH (month, day, year) Oct 24 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Shriver

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary Grace Franz
(Address) 1140 N. Longwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date Apl 13 1935

19. UNDERTAKER Harry R. Simmons & Son
(Address) 4204 Ridgewood Ave.

20. FILED 1935 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1934 to April 10, 1935

I last saw her alive on April 10, 1935 Death is said to have occurred on the date stated above, at 8.54 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/10/35
Myocarditis	5/8/34
Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirming diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) James L. Kelly M. D.
(Address) 721 Mt. Vernon Pl.

M. D. B. 1268-9

F 11584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11584

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. William Cahill

(a) Residence: No. 3300 Clifton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 30 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious 65 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Wash. D.C.
(State or country)

FATHER

13. NAME John Cahill

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary O'Connor

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mrs Mary M. McGarrah
(Address) 70 - Eye St. N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Wash. D.C. Date Apr. 13- 35, 19

19. UNDERTAKER Margaret E. Flynn
(Address) 2107 N. Fulton St. Baltimore Md.

20. FILED 12 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/20/34 . 19 . to 4/10/34 . 19

I last saw him alive on 4/10/34 . 19 Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovas. Disease
Cerebral Hemorrhage.
Uremia.

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) S. Smith M. D.

(Address) Mercy Hospital

M. D. B 1268-9

11585 F 11585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1608 Normal ave (St.) ..... (Ward) .....

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ferdinande Raeche

(a) Residence: No. 723 Gorsuch St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Raeche

6. DATE OF BIRTH (month, day, year) Oct. 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ernest Raeche

(Address) 1608 Normal Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date 4/13 19 35

19. UNDERTAKER Percy J. Pentz

(Address) 1101 Edmondson Ave

20. FILED Apr 13 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 11 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1934 to April 11 1935

I last saw her alive on April 10 1935. Death is said to have occurred on the date stated above, at 4:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1 Yr
Other contributory causes of importance: Pneumonia Edema	3 Days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward Cook M. D.

(Address) 4[illegible] Washington

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. P 1268-9

T 11586

11586

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle G. Wallace

(a) Residence: No. 3205 Alameda Blvd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of William F. Wallace

6. DATE OF BIRTH (month, day, year) April 1, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	--	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles E. Peterson

14. BIRTHPLACE (city or town) Sweden (State or country)

MOTHER

15. MAIDEN NAME Susan Hicks

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Mr. W. Lloyd Wallace

(Address) 3205 Alameda Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April 13, 1935

19. UNDERTAKER Jos. B. Cook

(Address) 1605 W. Baltimore St.

20. FILED April 12, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw her alive on ..., 19..., Death is said to have occurred on the date stated above, at 11.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	5 hrs

Other contributory causes of importance:

Hypertension

Name of operation clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M. Fenton M. D.
Coroner

(Address) 720 E. Chase St.

M. D. B. 1208-9

✓ F 11587

1587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Henry Ebbert Henry Ebbert

(a) Residence: No. 1319 Glyndon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Ebbert

6. DATE OF BIRTH (month, day, year) December 27, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner 1886

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cherry-Burrell & Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Frederick Ebbert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. George G. Ebbert

(Address) 1319 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 13, 1935

19. UNDERTAKER J. A. B. Cook

(Address) 1005 W. Baltimore St.

20. FILED 4/21/1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1935 to 4-11, 1935

I last saw him alive on 4-11, 1935 Death is said to have occurred on the date stated above, at 2:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4-7-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel L. Shanahan, M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

F 11588

HEALTH DEPARTMENT—CITY OF BALTIMORE

11588

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 25 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. 1 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME August Wilhelm Nieman

(a) Residence: No. 2nd Ave near Leeds Ave. St., Arbutus Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie Ruth Nieman

6. DATE OF BIRTH (month, day, year) August 22, 1894

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
40	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 6059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Harry L. Black & Son

10. Date deceased last worked at this occupation (month and year) April 10, 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME August Nieman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Olga L. Riehl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Maggie Ruth Nieman
(Address) 2nd Ave nr Leeds Ave., Arbutus

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 13, 1935

19. UNDERTAKER Joseph Hook
(Address) 1008 W. Baltimore St.

20. FILED ... 19... ... Registrar.

4-12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 5.45P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous Subarachnoid Hemorrhage	apx 10 1935

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Injuries Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Jos. L. Labarthe M. D. Coroner

(Address) 14 S. Broadway

M. D. B 1268-9

✓ F 11589

11589 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

124-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 S. Fulton Ave. St., 19 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam Henrietta Morningstar

(a) Residence: No. 32 S. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Calvin Morningstar

6. DATE OF BIRTH (month, day, year) May 12, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown Maryland

FATHER

13. NAME S. Franklin Smith

14. BIRTHPLACE (city or town) (State or country) Kent County Maryland

MOTHER

15. MAIDEN NAME Mary E. Chambers

16. BIRTHPLACE (city or town) (State or country) Kent County Maryland

17. INFORMANT Dr. Frank H. Smith
(Address) Chestertown, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Stone Chapel Cem. Date April 15 19 35

19. UNDERTAKER Joseph A. Cook
(Address) 1005 E. Baltimore St.

20. FILED April 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 13 to 1935 to April 11 1935

I last saw h[er] alive on April 11 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

Arthosis of Spine (Duration)
Adema of Lungs.

Date of onset

Other contributory causes of importance:

Adema of Lungs

Name of operation none Date of —

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elmer B Freeman M. D.

(Address) 807 Cathedral St.

M. D. F. 1268-9

F 11590

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11590

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4608 Hamonnett Ave St., 27 Ward)

Length of residence in city or town where death occurred 5/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward I. McDonald

(a) Residence: No. 4608 Hamonnett Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara L. McDonald

6. DATE OF BIRTH (month, day, year) Oct 2/1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman 0032

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME ??? McDonald

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Lydia Hyland

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Clara L. McDonald

(Address) 4608 Hamonnett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date April 13th 1935

19. UNDERTAKER Wm Bork

(Address) 1217 St Paul st

20. FILED APR 13 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Probably due to coronary sclerosis or stenosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Jos. F. Cullen, M. D. Coroner

(Address) 508 E. Monument

M. D. P. 1938-9 F 11591

F 11591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 McKean Ave 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Moszner

(a) Residence: No. 819 McKean Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~or WIFE of~~ Charlotte Moszner

6. DATE OF BIRTH (month, day, year) Dec 6th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dufur & Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Moszner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine ~~Z~~

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charlotte Moszner.

(Address) 819 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date April 15th 1935

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1934 to April 11, 1935

I last saw ~~him~~ alive on April 11, 1935 Death is said to have occurred on the date stated above, at 5:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Apr. 10,
Other contributory causes of importance: Previous cerebral hemorrhage	Apr. 1, 1934

Name of operation None Date of None

What test confirmed diagnosis? ~~Was there an autopsy?~~ No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St

~~INSTRUCTIONS ON BACK OF CERTIFICATE~~

M. D. P. 1268-9 F 11592 ✓ F 11592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 E. Lafayette Ave St., 17 Ward)

Registered No. 175

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Bennett.

(a) Residence: No. 426 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): July 4th 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

FATHER

13. NAME: John A Bennett

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Anna M Milstead

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Clayton Bennett
(Address) 426 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL.
Place: Dry Hill Laurel Md April 14th 1935

19. UNDERTAKER: Wm Cook
(Address) 217 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to April 12 1935.

I last saw her alive on April 10 1935. Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	ap 9
Other contributory causes of importance: arterio sclerosis	5 yrs

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wilbur M Pearce M. D.

(Address) 1301 St Paul St Baltimore

M. D. B. 12654

F 11593 ✓ F 11593

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Kavon Ave St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U. S. If of foreign birth 53 yrs. mos. da.

2. FULL NAME William Fischer

(a) Residence: No. 4417 Kavon Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Ora Fischer

6. DATE OF BIRTH (month, day, year) March 3 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Herrman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Charlotte A Gates

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Apr 15 1935

19. UNDERTAKER Storey Hagerstown Inc

(Address) 131 E. Elgin St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1935 to Apr 12 1935

I last saw him alive on Apr 11 1935 Death is said to have occurred on the date stated above, at 3.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 8 35
	11
Other contributory causes of importance: Chronic Nephritis	1934
Senile Myocarditis	1934

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. F. Kaufman M. D.

(Address) 131 E. Franklin St.

M. D. B. No. 11594 ✓ F 11594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Onkes

(a) Residence: No. 527 Avondale Ave. St., Wards Gate P.O. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Sido Onkes

6. DATE OF BIRTH (month, day, year): Oct 31, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	5 6	9 1 0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Sido Onkes

(Address): 527 Avondale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: April 14 1935

19. UNDERTAKER: John Uelent

(Address): 2008 Eastern Ave

20. FILED: 4 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ingum, 19..., to 19...

I last saw h... alive on ingum, 19... Death is said to have occurred on the date stated above, at 4 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture Dislocation Right Shoulder	4/8/35
Bronchopneumonia	4/9/35
Pulmonary Embolus	4/10/35

Other contributory causes of importance:

Automobile Accident	4/8/35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/8 1935

Where did injury occur? Key Highway & Hughes St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which she was riding collided with another

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Adorno Coroner M. D.

(Address) 2202 E Madison St

M. D. B. 1268-B

F 11595

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11595

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2421 E Oliver St., 8 Ward)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry A Klendorf

(a) Residence: No. 2421 E Oliver St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charlotte A Klendorf

6. DATE OF BIRTH (month, day, year) July 16 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. wood turner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year) 6 5

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Christian Klendorf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Charles A Klendorf

(Address) 2421 E Oliver St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 13 1935

19. UNDERTAKER John Ullrich

(Address) 2058 Orleans St

20. FILED APR 13 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to April 10, 1935

I last saw h... alive on April 10, 19... Death is said to have occurred on the date stated above, at 11:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
coronary occlusion	April 10

Other contributory causes of importance:

uremia Arteriosclerosis

Name of operation typical Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1301 N Fulton Ave

M. D. F 11596 ✓ F 11596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital Tuberculosis Division
CITY OF BALTIMORE: (No. ..... St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Purnell Hawkins

(a) Residence: No. 1026 W. Booth st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Victoria Hawkins

6. DATE OF BIRTH (month, day, year) March 2, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35		7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Will Hawkins
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Laura ??
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date April 13th 35 19.

19. UNDERTAKER Chas O Wilson
(Address) 1500 Pennsylvania Ave.

20. FILED APR 13 1935 19.....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8 1935 to April 9 1935
I last saw him alive on April 9 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan. 1934
(Other contributory causes of importance:)	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W Jacobson M. D.
(Address) Balto City Hospital

M. D. B. 1206-3

F 11597 ✓ F 11597

HEALTH DEPARTMENT—CITY OF BALTIMORE

117-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 27 Ward)

Length of residence in city or town where death occurred 38 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph C. Pearson

(a) Residence: No. 4411 Mansfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Pearson

6. DATE OF BIRTH (month, day, year) Mar. 17/1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	0	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Dist. Govt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Frond L. White

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jos. Pearson

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Georgie Anna —

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian Pearson
(Address) 4411 Mansfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date April 16 1935

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Orleans St.

20. FILED 4-16-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17 . 1935 to April 12 . 1935

I last saw him alive on April 12 . 1935 Death is said to have occurred on the date stated above, at 4:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	
Other contributory causes of importance: Cardiac Insufficiency	4/12/35

Name of operation Sub Total Gastrectomy Date 4/1/35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If no, specify ...

(Signed) John W. Bernaby M. D.

(Address) Maryland General Hosp.

M. D. P. 1939 F 11598 ✓ F 11598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1705 Lakeside Ave St., 9 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm J. Schmalzer

(a) Residence: No. 1705 Lakeside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth G. Schmalzer

6. DATE OF BIRTH (month, day, year) June 2 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Printer 00 50

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Himself

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Schmalzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara — —

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elizabeth G. Schmalzer
(Address) 1705 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date 4/13/35 19

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Pennsylvania Ave

20. FILED 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 8 . 1935 to Apr 10 . 1935

I last saw him alive on Apr 10 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/8/35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Meyer M. D.

(Address) 1500 E. 32nd St.

M. D. B 1208-9

29764 40 11599 ✓ F 11599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Brooks

(a) Residence: No. 617 N Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-19-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	14	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joseph Tales

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Helen Brooks

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date april . 1935

19. UNDERTAKER Edw. Bryan

(Address) 1631 orleans st

20. FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4 . 1935 to April 8 . 1935

I last saw him alive on April 8 . 1935. Death is said to have occurred on the date stated above, at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis meningitis	4-1-35
Pulmonary tuberculosis	4-1-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? C. P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irving D. Schwartz M. D.

(Address) Johns Hopkins Hospital

M. D. 1268-B

2930 441600 F 11600

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 157-D

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Casey

(a) Residence: No. Arundel Rd. St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/6/34

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME Franklin Casey
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Grace Quade
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md Date April 13 1935

19. UNDERTAKER John W. Taylor
(Address) Annapolis Md.

20. FILED ..... 19..... Registrar.

R 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1934, to April 12, 1935. I last saw him alive on April 12, 1935. Death is said to have occurred on the date stated above, at 2 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Anemia	4-10-35
Hydroureter and Hydronephrosis	11-1-34
Ureterocele	11-1-34

Other contributory causes of importance: avpu

Name of operation Cystostomy Date of 3 28 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.
(Address) Johns Hopkins Hospital

M. D. B 1265-B

F 11601

F 11601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Bishop

(a) Residence: No. 914 Pierce St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Bishop

6. DATE OF BIRTH (month, day, year) Sept 15 97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	37	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Golden Hill Md

FATHER

13. NAME Wm Bishop

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Emma Bishop

(Address) 914 Pierce St

18. BURIAL, CREMATION, OR REMOVAL

Place Cambridge, Md Date April 13, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N Gilmore St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Herzog M.D. Coroner

(Address) 305 N Parkerson Ave

M. D. Records-4 F 11602

F 11602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 S. Regester St. St., 12-2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Mackert

(a) Residence: No. 305 S. Regester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Fredrck J. Mackert

6. DATE OF BIRTH (month, day, year) App. 23/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Hamilton Chase

14. BIRTHPLACE (city or town) (State or country) A. A. Co.

MOTHER

15. MAIDEN NAME Elizabeth Cahse

16. BIRTHPLACE (city or town) (State or country) AA. CO

17. INFORMANT Fredrick J Mackert (Husb.
(Address) 305 S. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date App. 15/35

19. UNDERTAKER Tully & Zeiler Inc
(Address) 403 S. Mosher

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) App. 11/35 19

22. I HEREBY CERTIFY, That I attended deceased from February 13, 1932 to April 11, 1935

I last saw her alive on April 10th 1935. Death is said to have occurred on the date stated above, at 10.30 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular disease	Jan. 1932
Other contributory causes of importance: Carcinoma of the colon	Mar. 1934

Name of operation colostomy Date of 3/5/3

What test confirmed diagnosis? oper. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased no / If so, specify

(Signed) Harry Beitel M.D.

(Address) 1224-1226 Hanover St.

M. D. B 1268-9 F 11603 ✓ F 11603

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leonard Setting

(a) Residence: No. Balto Co (Usual place of abode) St. 24 Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ex Ballplayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co

FATHER

13. NAME Conrad Setting

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry Getty Brother (Address) 332 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Druid Cem Date April 13 192

19. UNDERTAKER Fitzgerald Bros (Address) 4233 Eastern Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11-35 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Aut Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury April 5, 19...

Where did injury occur? 332 S. Highland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell of Couch on floor

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) E J Herzog MD Coroner M. D.

(Address) 1205 N Patterson Park Ave

M. D. B. 1268-9

F 11604 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11604

CERTIFICATE OF DEATH

161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Dietrick

(a) Residence: No. 1901 Pearlman Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 30/1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			12 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Henry Dietrick

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie Taylor

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Henry Dietrick
(Address) 1901 Pearlman Pl.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date App. 13/35 19

19. UNDERTAKER Tully & Tully & Tully
(Address) 463

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) App. 11/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infection of umbilicus & ductus arterious	
Other contributory causes of importance: Hemorrhages in lungs	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) 508 E Monument

M. D. B. 1200

F 11605 Gaunt ✓ F 11605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 902 S Bunney St St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MRS. ELIZABETH M GAUNT

(a) Residence: No. 902 S. BINNEY St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of MATE JAMES B GAUNT

6. DATE OF BIRTH (month, day, year) NOV 24 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs, or min.
	68	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BALTO MD.

FATHER

13. NAME HENRY MEYERS

14. BIRTHPLACE (city or town) (State or country) UNKNOWN GERMANY

MOTHER

15. MAIDEN NAME ULHORN

16. BIRTHPLACE (city or town) (State or country) UNKNOWN

17. INFORMANT JOE FRED ULBRICH

(Address) 902 S. BINNEY ST

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore City Date Apr. 16 1935

19. UNDERTAKER Tilby & Sutton

(Address) 402 Cathedral

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 12 1935

22. I HEREBY CERTIFY, That I attended deceased from APRIL 1934 to APRIL 12 1935

I last saw HER alive on APRIL 12 1935 Death is said to have occurred on the date stated above, at 11 20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE CARDIOVASCULAR RENAL	
DISEASE - ARTERIOSCLEROTIC	1928
CHRONIC MYOCARDITIS	1934
MYOCARDIAL COLLAPSE & FAILURE	4-12-35

Other contributory causes of importance:

NONE

Name of operation NONE Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emmanuel A. Schumack M. D.

(Address) 842 S East Ave.

OCCUPATIONS IS ONLY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B. 4268-a F 11606

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11606

93-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH En route
CITY OF BALTIMORE: (No. City Hospital St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George J Schroeder

(a) Residence: No. 700 S Glover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 2

6. DATE OF BIRTH (month, day, year) July 18 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John G Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Hillor

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Reinisch
(Address) 700 S. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date April 13, 1936

19. UNDERTAKER John A. Moran
(Address) 3000 E. Baltimore St

20. FILED ..... 1936 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial insufficiency	

Other contributory causes of importance:
Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E Schreiber M D M. D.
Coroner

(Address) 130 N Fulton Ave

M. D. B. No. F 11607

F 11607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Sidney Ave. St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Frances Schmidt

(a) Residence: No. 2234 Sidney Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Schmidt

6. DATE OF BIRTH (month, day, year) Nov. 28, 1871

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	63	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Wolfe

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Martha March
(Address) 2234 Sidney Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4-15-35, 19

19. UNDERTAKER Ritzmeller
(Address) 1620 Ashburton St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to April 12, 1935

I last saw h[e] alive on April 10, 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis and Nephritis — Date of onset 1932

Other contributory causes of importance: Cancer

Name of operation None Date of —

What test confirmed diagnosis? Autopsy there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Raymond Adams M. D.

(Address) 2108 Ballard Lane Rd

M. D. B. 1268-9

608 Corinthean

HEALTH DEPARTMENT—CITY OF BALTIMORE 11608

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 346 Woodyear St., Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Corianthean Smith

(a) Residence: No. 346 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 8-1916

7. AGE: Years 18 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Coleus Smith

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Pauline Nutt

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Berenia Smith
(Address) 346 Woodyear

18. BURIAL, CREMATION, OR REMOVAL
Place Whitestone Va Date 4/14 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leavitt M. D. Coroner

(Address)

M. D. B. 1208-9

11609 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11609

107-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vera E Derenberger

(a) Residence: No. 1134 Poplar Grove St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-15-26

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	8	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Ray

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Bragg

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Ray Derenberger

(Address) 1134 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 4/15/35 19

19. UNDERTAKER Edward A Brahms

(Address) 1136 Poplar Grove

20. FILED APR 13 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3d 1935 to April 12th 1935

I last saw h.. alive on April 12th 1935. Death is said to have occurred on the date stated above, at 6.29 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	March 1935
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Laurita L. Lowe M D M. D.

(Address) University Hospital

M. D. B 1263-9

F 11610

F 11610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 166

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hanover St. Draw. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 28 yrs. ---- mos. ---- ds.

2. FULL NAME Jonas Nilkaitis or Vilkas.

(a) Residence: No. 2003 Lettitia Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, XXXXXXXXXXXX HUSBAND of (XXXXXXXX Martha Vilkas.

6. DATE OF BIRTH (month, day, year) January 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	46	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0680

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania.

MOTHER FATHER

13. NAME Samuel Vilkas.

14. BIRTHPLACE (city or town) (State or country) Lithuania.

15. MAIDEN NAME Catherine Vosilas.

16. BIRTHPLACE (city or town) (State or country) Lithuania.

17. INFORMANT Martha Vilkas. (wife)

(Address) 2003 Lettitia Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 15, 1935

19. UNDERTAKER John Grebliauckas

(Address) 423 S. Paca St.

20. FILED APR 13 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.35 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by drowning.	
Jumped from Hanover St. Draw.	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury 4/11/35

Where did injury occur? Hanover St. Draw. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Jumped from Draw.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt M. D.

4/13/35 (Address) 1017 E. Charles St. Coroner

M. D. B. 12[illegible]-9 F 11611 F 11611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 15-14 Dunmore St. 19th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Butler Sr.

(a) Residence: No. 110 W 33 St., Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Carrie Butler

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Maryland

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Carrie Butler (Address) 110 W 33rd St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem. Date April 15th 1935

19. UNDERTAKER Mrs. Peter A. Ellert & Daughter (Address) 1129 Gardner St

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-5 1935 to 4-12 1935

I last saw him alive on 4-12 1935 Death is said to have occurred on the date stated above, at 7.35a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance:

Name of operation Exploratory Date of 4-12

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Provident Hospital

M. D. B. 1703-9

F 11612

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11612

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hughes, Robert O.,

(a) Residence: No. 2234 Barclay St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/13/36

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Hughes

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Catherine Barrett

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Catherine Hughes

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date April 13th 1937

19. UNDERTAKER Mrs Robert A Elliott & daughter

(Address) 1129 Hardonia St

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-10- 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7- 1937 to 4-10 1937

I last saw him alive on 4-10- 1937. Death is said to have occurred on the date stated above, at 9 04 a.m.

The principal cause of death and related causes of Importance were as follows:

	Date of onset
Broncho-Pneumonia (Primary)	4-5-37
Other contributory causes of Importance:	

Name of operation ... Date of ... No

What test confirmed diagnosis? Aut Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Alvin B LeCompte, M. D.

(Address) Provident Hosp.

M. D. B. 1940

F 11613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11613

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1628 N. Monroe (Ward) 15

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Max Broner

(a) Residence: No. 1628 N. Monroe St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Broner

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years 68 Months 07 Days ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Shop

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

13. NAME Sara Broner

14. BIRTHPLACE (city or town) (State or country) Russia

FATHER

15. MAIDEN NAME Sarah .....

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Broner

(Address) 1628 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL Henry Berman Date 4-14-35 19

19. UNDERTAKER Jack Louis Lee

(Address) 1437 E. Lake St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Enuresis	

Other contributory causes of importance:

Name of operation Regular Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. E. Funk Coroner M. D.

(Address) Monroe

M. D. B. 1268-9

F 11614

11614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4-7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maurice H. S. Unger

(a) Residence: No. Green St. Westminster Md. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Unger

6. DATE OF BIRTH (month, day, year) Oct. 28, 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Schools

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carroll County

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John Unger

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Green

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. M. S. H. Unger

(Address) Westminster, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Apr. 16, 1935

19. UNDERTAKER William Cost

(Address) Baltimore, Md

20. FILED ... Registrar.

4 1935

8 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10-35, 19..., to 4-13-35, 19...

I last saw him alive on 4-13-35, 19... Death is said to have occurred on the date stated above, at 1:55 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebrospinal meningitis	4-9-35

Other contributory causes of importance:

(2) Myocardial Insufficiency

(3) Renal insufficiency

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Maurice H. S. Unger M. D.

(Address) University Hospital.

M. D. P. 1268-9

Pa michelson

F 11615

HEALTH DEPARTMENT—CITY OF BALTIMORE

1615

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Eutaw Place St., 17-3 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Estelle Dorman

(a) Residence: No. 2228 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin Dorman

6. DATE OF BIRTH (month, day, year) June 16 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Emanuel Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Isabella Frank

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Martin Dorman
(Address) 2228 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL
Pikesville Hebrew Friendship Date 4/14 1935

19. UNDERTAKER Jos. Lange Sons
(Address) 1139 E. Baltimore St

20. FILED 4/14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 17 1934 to April 12 1935

I last saw h.. alive on April 12 1935. Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	1934
Chr. nephritis	1934
Cerebral hemorrhage	1934

Other contributory causes of importance:

Coronary thrombosis	April 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. G. Michelson M. D.

(Address) 2230 Eutaw Pl.

M. D. P. 1268-9

F 11616

11616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Leibler

(a) Residence: No. 706 E. Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Anna

6. DATE OF BIRTH (month, day, year): 1/24/1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
56.	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Peddler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Nathan Leibler

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Millie Rothwaches

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT (Address): Records B.C.H.

18. BURIAL, CREMATION, OR REMOVAL. Place: Sinai Mt. Carmel Date: 4-14- 1935

19. UNDERTAKER (Address): Jos. Levy & Son 1439 E. Balto St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/31 1935 to 4/12 1935

I last saw him alive on 4/12 1935 Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myloid leukaemia	3 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. B 1268-B

F 11617

HEALTH DEPARTMENT—CITY OF BALTIMORE

11617

CERTIFICATE OF DEATH

79-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp 2nd (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~2 yrs~~ mos. ~~2 ds~~ How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Stewart

(a) Residence: No. 112 W Montgomery St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year): Mar 29-1926

7. AGE: Years 9 | Months 1 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School. (blank)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Lewey Stewart

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Annie Johnson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Annie Stewart 112 W Montgomery

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 4/4/35

19. UNDERTAKER: Isaiah L Brown & Son (Address) 108 W Montgomery St

20. FILED 4 4 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Pneumococcus Meningitis — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. A. Luck M. D. Coroner

(Address) Coroner

M. D. B. 1268-9

11618 F 11618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 34 J - 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17-3 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Ewell

(a) Residence: No. 414 Myrtle Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George.

6. DATE OF BIRTH (month, day, year) June 1, 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Jesse Waters.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Fannie Taylor

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Susan Ewell Foster
(Address) 414 Myrtle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Tailey Va Date 4/14/ 1935

19. UNDERTAKER Frances A. Keighley
(Address) 578 W. Biddle St.

20. FILED 4/14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1935 to 4/12 1935

I last saw her alive on 4/12 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Myocardial insufficiency	2 Days
Chronic nephritis ? c uremia	2 wks

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Roberta Peete M. D.

(Address) Balto City Hosp

Cor.—10-10-29—A Co.—100 Bks.

11619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11619

CERTIFICATE OF DEATH

186-a

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (Sinai Memorial Hospital St. _____ Ward)

2-FULL NAME Louis Belson

(a) RESIDENCE NO. 121 N Patterson Park Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced — HUSBAND of (or) WIFE of: Jennie

6 DATE OF BIRTH (month, day, and year): 1891

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	44	—	—	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Painter
(b) General nature of industry, business, or establishment in which employed (or employer): 0050
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Russia

PARENTS

10 NAME OF FATHER: Samuel Belson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Russia

12 MAIDEN NAME OF MOTHER: Fannie

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Russia

14 Informant (Address): Jennie Belson 121 N. Patterson Pk Ave

15 Filed _____, 19_____ Registrar

1935

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-12-1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

CAUSE OF DEATH* was as follows: Fracture skull Injuries Due to Fall from House Accidental

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? 501 Block Caroline

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) _____ M. D.

4/13, 1935 (Address) 632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Hebrew Mt Carmel Rd	4/14/35
20 UNDERTAKER	ADDRESS 112
Sol Levinson Bro	E Balto

Important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 11620

11620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3320 Poplar St. St., 16 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel R. Baugh

(a) Residence: No. 3320 Poplar St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of DeVere Baugh

6. DATE OF BIRTH (month, day, year) Sept. 7, 1897.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George F. Rose

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura A. Moore

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. DeVere Baugh (Address) 3320 Poplar St.

18. BURIAL, CREMATION, OR REMOVAL

Place Eastern Date April 15/35 19

19. UNDERTAKER Harry A. Lutzke (Address) 1 E. Preston St.

20. FILED 19 Registrar.

APR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1935 to Apr. 12, 1935

I last saw her alive on Apr. 12, 1935 Death is said to have occurred on the date stated above, at 3.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	1930
Arthritis	1929

Other contributory causes of importance:

Name of operation P.E. Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard H. Todd M. D.

(Address) 735 N. Fulton Ave

M. D. P. 1208-9

1621

E 11621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Patapsco ave St., 25 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rudolph George Minnick

(a) Residence: No. 400 Patapsco ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Minnick

6. DATE OF BIRTH (month, day, year) July 24. 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Minnick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mary E. Minnick
(Address) 400 Patapsco ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemt. Date 4/15/35 19

19. UNDERTAKER Geo. W. Zirkler
(Address) 1737 E. Eager St.

20. FILED 4/15/35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to April 12, 1935

I last saw h in alive on April 12 1935 Death is said to have occurred on the date stated above, at 10.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Bladder	
Uraemia	
Chronic nephritis	
Retroperitoneal Lymphosarcoma	

Other contributory causes of importance:

Name of operation, if any Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Andrew Nemerowski M. D.

4/15/35 (Address) 2579 Eastern ave

M. D. B. 1208-9

1622

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 1622

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6543 Baltimore Ave St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary alice Egeberg

(a) Residence: No. 6543 Baltimore Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Albert Egeberg

6. DATE OF BIRTH (month, day, year): Mar 8 1858

7. AGE: Years 77 | Months / | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: John Arnold

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Lydia Gardner

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT: Mrs Edna White

(Address) 6543 Baltimore Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date April 15 1935

19. UNDERTAKER: John Ullrich

(Address) 2008 Edmondson Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1934 to April 11 1935

I last saw h[illegible] alive on March 18 1935. Death is said to have occurred on the date stated above, at 8 50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis and myocardial degeneration	[illegible]
Other contributory causes of importance:	
Cerebral hemorrhage	8-1-'34
Arteriosclerosis	[illegible]
Endarteritis Obliterans Lft fost.	1-2-'35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Asst. Reier M. D.

(Address) Irondale, Md.

M. D. P. 1268-9

623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11623

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1325 W Lombard St (Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Samuel Thomas Sutor

(a) Residence: No. 1325 W Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 24-1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (city or town) (State or country) Havre De Grace Maryland

FATHER

13. NAME Samuel Thomas Sutor

14. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Havre de Grace Maryland

17. INFORMANT Daughter-Mrs Virginia Lee

(Address) 1325 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 15 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

20. FILED 4-15-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 - 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/22 1933 to 4/12 1935

I last saw h in alive on 4/12 1935 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	
Nephritis	1930
Other contributory causes of importance:	
Uremia	4/1/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. R. Duggan M. D.

(Address) 1326 W. Lombard

M. D. P. 1268-9

✓ F 11624

1624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ned Lipscomb

(a) Residence: No. 1210 Chatsain St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betsy

6. DATE OF BIRTH (month, day, year) 8/15/1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gaffney S. C.

FATHER

13. NAME Smith Lipscomb

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Alice Norris

16. BIRTHPLACE (city or town) (State or country) S. Car.

17. INFORMANT Records. BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Calvary Cem. Date 4/15/ 1935

19. UNDERTAKER Rayner Sanders
(Address) 413 E. Preston St

20. FILED 4 15 1935 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/23 1934 to 4/8 1935

I last saw him alive on 4/8 1935 Death is said to have occurred on the date stated above, at 5a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	15 mo.
Other contributory causes of importance: Hypertension	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. F. 1268-9

✓ F 11625

11625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 12 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Mickens

(a) Residence: No. 318 E. 22½ st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 4, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Mickens

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mollie Jenkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/15 1935

19. UNDERTAKER Rayner Sanders
(Address) 1413 E Preston St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11 1935

22. I HEREBY CERTIFY, That I attended deceased from February 13 1935 to April 11 1935

I last saw him alive on April 11 1935. Death is said to have occurred on the date stated above, at 1:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

✓ F 11626

HEALTH DEPARTMENT—CITY OF BALTIMORE

1626

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 424 N Lakewood ave St., 6 Ward)

Length of residence in city or town where death occurred S yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eleanora Ehron

(a) Residence: No. 424 N Lakewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas D. Ehron

6. DATE OF BIRTH (month, day, year): July 13 1879

7. AGE — Years: 7V | Months: 8 | Days: 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Christopher C. Bartman

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Christina Hammond

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Thomas D. Ehron

(Address) 424 N Lakewood ave

18. BURIAL, CREMATION, OR REMOVAL

Baltimore Cemetery Date April N 35

19. UNDERTAKER: Chas. S. Clark

(Address) 142 W. Fourth ave

20. FILED 4 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to April 12, 1935

I last saw h[illegible] alive on April 12, 1935. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with Myocardial failure	4/7/35
Cardio-vascular-renal disease	5 yrs
Other contributory causes of importance:	
arterial hypertension	5 yr.

Name of operation None Date of —

What test confirmed diagnosis? usual Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) Louis F. Krumrei M. D.

(Address) 722 N. Lakewood Ave.

M. D. B. 1268-5 F 11627

F 11627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 27 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Hahn

(a) Residence: No. Ingram Hall Apts. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Infant

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 5th 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER

13. NAME Harry Hahn

14. BIRTHPLACE (city or town) Washington, D.C.
(State or country)

MOTHER

15. MAIDEN NAME Elizabeth Hofheimer

16. BIRTHPLACE (city or town) Harpers Ferry, Va.
(State or country)

17. INFORMANT Mrs Hahn

(Address) Ingram Hall Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Date 4/14 1935

19. UNDERTAKER Thos. S. Sturgeon

(Address) 1011-7 St N.W.

20. FILED ... 19... Registrar.

APR 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 5th 1935 19... to Apr 14-1935 19...

I last saw him alive on Apr. 14- 1935. Death is said to have occurred on the date stated above, at 9 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital malformation of the heart	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify..

(Signed) Alexander J. Schaffer M. D.

(Address) 1814 Eutaw Place

M. D. P. 1268-9

F 11628

F 11628

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

85

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., Md Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John James Hyde.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/2/1878.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57.	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper. 0015

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Kingan Meat Packing Co

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 35 -

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Richard Hyde

14. BIRTHPLACE (city or town) (State or country) Phila. Pa.

MOTHER

15. MAIDEN NAME Mary Gorman.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Hanford Road Date April 15 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19.. ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1934 to 4/12 1935

I last saw him alive on 4/12 1935 Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy (Cause unknown)	1 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Bertz M. D.

(Address) Balto City Hosp

M. D. B 1268-9 F 11629 F 11629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Amelia Flaherty

(a) Residence: No. 835 N. Madeira St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If ~~married~~ widowed, or ~~divorced~~ (or) WIFE of William J. Flaherty

6. DATE OF BIRTH (month, day, year) Feb 8th 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ditto

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Chas. Granger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Lutz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edward Amrain

(Address) 835 N. Madeira St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date April 15th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul

20. FILED ..... 19 .....

APR 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, how? .....

(Signed) B Steinegmd M. D.

Coroner

(Address) 1305 N Patterson Park ave

M. D. B. 1268-A

F 11630

1935 F 11630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 Dolphin St., 17 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Sanger

(a) Residence: No. 527 Dolphin St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Shoemaker

6. DATE OF BIRTH (month, day, year) Jan 4 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
24	23	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker Jr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Simon Hodges

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Lyles

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Elizabeth Sanger

(Address) 527 Dolphin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 16 1935

19. UNDERTAKER James E. Albright

(Address) 1500 Eutaw Place

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1935 to 4-14 1935

I last saw h... alive on 4-14 1935 Death is said to have occurred on the date stated above, at 2:4 m.

The principal cause of death and related causes of importanre were as follows:

	Date of onset
Lobular Pneumonia	4/10/35

Other contributory causes of importanre:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) E. L. Hatcher M. D.

(Address) 1 W Franklin

M. D. B. 1268-9 F 11631

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11631

CERTIFICATE OF DEATH

30

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3206 Pennsylvania Ave St., 27 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Lindsey Lucke

(a) Residence: No. 3206 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	widower

6a. If married, widowed, or divorced HUSBAND of (or WIFE of) Frances E Luckey

6. DATE OF BIRTH (month, day, year) March 14-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	77	1	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackwater Maryland

FATHER

13. NAME Joshua B. Luckey

14. BIRTHPLACE (city or town) (State or country) Blackwater Md.

MOTHER

15. MAIDEN NAME Fanny Lytle

16. BIRTHPLACE (city or town) (State or country) Blackwater Md.

17. INFORMANT L. Ralph Luckey

(Address) 3206 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Cem. Madonna Md. Date April 17 1933

19. UNDERTAKER Leonard J. Ruck

(Address) 5302 Harford Rd.

20. FILED April 18 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1933 to April 14, 1933

I last saw him alive on April 11, 1933. Death is said to have occurred on the date stated above, at 4a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset April 3/33
Arterial sclerosis
Influenza 7 days
Senile-urinary tract

Other contributory causes of importance:

senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm H Pearce M. D.

(Address) 2405 Edmondson

M. D. B 126

F 11632

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11632

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Lydenlane Hospital St., Ward) 8

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret McGuire

(a) Residence: No. 45 E Newport Ave Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 27th 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Charles A McGuire

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Charlotte Burns.

16. BIRTHPLACE (city or town) (State or country) W Tennessee

17. INFORMANT Charles A McGuire
(Address) 45 E Newport Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Date 4/16/35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to April 14 1935
I last saw h alive on April 14 1935 Death is said to have occurred on the date stated above, at 12.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel E Bozrad D.
(Address) Lydenlane Hospital

M. D. F. 1268-9 F 11633

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11633

CERTIFICATE OF DEATH

115-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 S Robinson St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Michael Scordo

(a) Residence: No. 9 S. Robinson St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 29 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John M Scordo

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Margaret Neary

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT John Scordo (Address) 9 S Robinson

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date 4/15/35

19. UNDERTAKER Frank V. Birkstone (Address) 2516 E. Baltimore St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13-35 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12-35 to 4-13-35

I last saw h alive on 4-13 1935. Death is said to have occurred on the date stated above, at 1:32 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	4 10 35
Other contributory causes of importance: Bronchopneumonia & Intoxication	4 12 35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J Pinella M.D.

(Address) 2114 E Fayette St

J 1935

M. D. B. 1268-9

F 11634

F 11634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X J 1

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Balto Gen. Hosp. Tal
CITY OF BALTIMORE: (No. Bayview & Cleveland Ave St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME C. Frank Emmart

(a) Residence: No. Guyon Oak Ave Woodlawn Ave St., X Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara V. Emmart

6. DATE OF BIRTH (month, day, year) July 7, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

13. NAME Caleb Emmart

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

17. INFORMANT Mr. Carl F. Emmart
(Address) 512 Lyndhurst St.

18. BURIAL, CREMATION, OR REMOVAL Roslyn
Place Mt. Olive Cemetery Date April 16 1935

19. UNDERTAKER J. O'Block
(Address) 1003 W. Baltimore St.

20. FILED APR 16 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 14 1935

I last saw h/ alive on April 14 1935 Death is said to have occurred on the date stated above, at 1:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	April 5

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. A. Lehman M. D.

(Address) West Balto. Gen'l Hosp.

M. D. B. 1268-B

F 11635

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11635

CERTIFICATE OF DEATH

82

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3713 Dorchester Road St., 15 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry E. Rawlings, Sr.

(a) Residence: No. 3713 Dorchester Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lois Hall Rawlings

6. DATE OF BIRTH (month, day, year) April 10, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	-	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Baltimore Equitable Society

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 56 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Benjamin Rawlings

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Josephine Patrick

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Dorothy H. Rawlings
(Address) 3713 Dorchester Road

18. BURIAL, CREMATION, OR REMOVAL
Place Louden Park Cem. Date April 15, 1935

19. UNDERTAKER Joseph H. York & Son
(Address) 1908 E. Baltimore St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-1, 1935, to 4-12-, 1935.

I last saw h im alive on 4-12-, 1935. Death is said to have occurred on the date stated above, at 2.50 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/4/35

Other contributory causes of importance:

Bronchio-Pneumonia Chronic 1 year
Arteria-sclerosis Several yrs.

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wilmer H. Hurst, M. D.

(Address) 3705 Liberty Heights Ave.

M. D. B. 265-9

F 11636

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11636

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 ½ Mount St. 15 Ward)

Length of residence in city or town where death occurred 63 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Zachariah Gresham

(a) Residence: No. 1306 Mount St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robinette Gresham (Deceased)

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish Hunter & Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Isaac Gresham

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Fannie E Gibbs
(Address) 1306 Mount St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Nov 15 1935

19. UNDERTAKER Emanuel M. Chase Inc
(Address) 635 W. Lafayette

20. FILED ... 19 ... Registrar.

NOV 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 11/11/35

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1935, to 11/11 1935

I last saw him alive on 11/11 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

(a) Carcinoma of Lung — Date of onset ...

(b) Bronchial Pneumonia

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Wm Kurtz M. D.

(Address) 134 Dix

M. D. F 11637

F 11637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 66-B

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1515 Druid Park St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sydney A. Williams

(a) Residence: No. 1107 Druid St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	C	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sydney A. Williams

6. DATE OF BIRTH (month, day, year) June 11 1903.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lynchburg Va

FATHER

13. NAME James Allen

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Henrietta Kinney

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT [illegible]

(Address) 1107 Druid St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/16 1935

19. UNDERTAKER Emil H. Cruse & Son

(Address) 1531 N. Fulton

20. FILED 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-14 1935 to 4-13 1935

I last saw h[illegible] alive on 4-13 1935 Death is said to have occurred on the date stated above, at 4:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Hypertension	

Other contributory causes of importance:

Name of operation Autopsy Date of 4-13-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

F 11638

M. D. B. 1868-9

F 11638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH 413 N. Mount St.

CITY OF BALTIMORE: (No. Baltimore, Md. St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mollie Carter

(a) Residence: No. 413 N. Mount St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Carter

6. DATE OF BIRTH (month, day, year) May 18 93

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
41	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Dickerson

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy Crump

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Henry Carter

(Address) 413 N. Mount St.

18. BURIAL, CREMATION, OR REMOVAL Va

Place Potter's Field Date Apr 17 1935

19. UNDERTAKER Samuel N. Chase & Son

(Address) 638 N. Eutaw

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apl. 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1st. 19 34 to April 13th 19 35

I last saw her alive on April 12th 19 35 Death is said to have occurred on the date stated above, at 3;50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary T.B.C.	Abt. Feb. 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

Cor. 12-25-41 C.H.Bks.

F 11639

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11639

93-a

CERTIFICATE OF DEATH.

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. City Hospital St., 24 Ward)

2-FULL NAME Margaret E. Robinson

(a) RESIDENCE NO. 632 Harvey St. St._____ Ward_____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Charles T. Robinson

DATE OF BIRTH (month, day, and year) November 6 1909

AGE	Years	Months	Days	IF LESS than 1 day.....hrs. or.....min.
	25	4 5	26 5	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto. Md.

(State or country)

10 NAME OF FATHER William H. Crispens

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Elizabeth Stein

13 BIRTHPLACE OF MOTHER (city or town) Md.

(State or country)

14 Informant Mr. Charles T. Robinson

(Address) 632 Harvey St.

15 Filed_____ 19____ _____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 11 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.)

thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial failure

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

(duration) ____ yrs. ____ mos. ____ ds.

(Signed) Bell Herzog M. D.

(Coroner)

, 19 (Address) 1305 N Patterson Pk Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs., mos., ds. In the state yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cedar Hill Cem. Date of Burial 4/15 1935

20 UNDERTAKER L. F. McCully ADDRESS 130 E. Fort

M. D. F. 1268-9 F 11640

2235 S. Broadway F 11640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 47-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Oakley ave. 27 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME, instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 22 mos. ds.

2. FULL NAME Salomon Munz

(a) Residence: No. 2905 Oakley ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rebecca Munz

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Watch Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Jacob Munz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Zinda

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Jacob Munz

(Address) 2905 Oakley

18. BURIAL, CREMATION, OR REMOVAL Place Levering Mem. Park Date 4-15-35, 19

19. UNDERTAKER Jack Levy Jr.

(Address) 1439 E. Baltimore St.

20. FILED APR 15 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14/35 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1933 to April 14, 1935

I last saw him alive on April 13, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	June 1933

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jack Cohen, M. D.

(Address) 2235 S. Broadway

M. D. F. 1268-9

F 11641 F 11641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Park Heights Ave Ward) 15

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Morstein

(a) Residence: No. 4209 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dealer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Rockville Cem Date 4/15/35 19

19. UNDERTAKER Park Funeral Inc

(Address) 1437 E. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) - 4 - 14 - 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from - Sept. 1932 . 19 . to April 14 - . 19 35

I last saw him alive on - April 12 . 19 35 Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) - Rheumatic Heart Disease	10 yrs.
2) - Gastric Ulcer	8 yrs.
3) - Pulmonary Tuberculosis.	9

Other contributory causes of importance:

-1) Secondary Anemia	1 yr.
2) - Dental Sepsis	10 yrs.
3) - Oral Infection	

Name of operation — Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earl L. Chambers . M. D.

(Address) 4804 Liberty Hts. Ave.

M. D. P. 1268-9 F 11642 F 11642

296848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 80

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Weinberg

(a) Residence: No. 1417 N. Market St., Ward. Frederick Md (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27-69

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Theatre Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Weinberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Lowenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Friendship Place ..... Date April 16 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1126 W. North ave

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1935 to April 15, 1935

I last saw h~~im~~ alive on April 15, 1935. Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Systemic Syphilis. Aortic Aneurism	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Walter W. Dorsey M. D.

(Address) Johns Hopkins Hospital

F 11643

F 11643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. 53-4

CITY OF BALTIMORE: (No. ..... St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Blue

(a) Residence: No. 2015 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

5a. If married, widowed, or divorced (or) ~~HUSBAND~~ ~~WIFE~~ wife of Dennis

6. DATE OF BIRTH (month, day, year) 11/8/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME John Josephs

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME Charlotte Hunt

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 15 1935

19. UNDERTAKER Edwin O. Wilkes

(Address) 1600 E. Baltimore

20. FILED ....., 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1935 to April 12 1935

I last saw her alive on April 12, 1935. Death is said to have occurred on the date stated above, at 3 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous cell carcinoma of cervix uteri & ilium	May 1933

Other contributory causes of importance:

Secondary anaemia
Cachexia

Name of operation Biopsy Date of 3-18-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. D. Shaw, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-0

644

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11644

CERTIFICATE OF DEATH

177

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 836 Vine St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Chisley

(a) Residence: No. 836 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME James Chisley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Maggie Hall

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Maggie Chisley

(Address) 836 Vine St

BURIAL, CREMATION, OR REMOVAL Cross Roads Cem. Apr. 15 1935

UNDERTAKER James Adams

(Address) 142 Druid St

FILED ..... 19..... Registrar.

APR 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ptomaine Poisoning (Shell-fish)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 836 Vine St.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, specify .....

(Signature) Eugene Zellers M. D.

(Address) 739 Eastern Ave

M. D. F. 1268-9

F 11645

F 11645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 635 W. Saratoga St., 4 Ward)

(If death occurred in a hospital or institution, give NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joe Crocetti or Croitti

(a) Residence: No. 635 W. Saratoga St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Modestina Crocetti

6. DATE OF BIRTH (month, day, year) Feb. 17 1875

7. AGE: Years 59 | Months 1 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Domenico Crocetti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Maria-Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Vincent Crocetti

(Address) 635 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Date April 16 1935

Place

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

20. FILED , 19 Registrar.

APR 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935, to April 13, 1935. I last saw him alive on April 12, 1935. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemmorhage	4-11-35
Other contributory causes of importance: Hypertension	unknown

Name of operation Date of

What test confirmed diagnosis? None. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chester Ruland, M. D.

(Address) 2532 Edmondson Ave

M. D. B. 1268-2

F 11646

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11646

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3947 Cloverhill Road St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Louise Graham Patterson

(a) Residence: No. 3947 Cloverhill Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George F. Patterson

7. DATE OF BIRTH (month, day, year) --------

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	---	---	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) --------- Virginia

13. NAME -------- Graham

14. BIRTHPLACE (city or town) (State or country) --------- Virginia

15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (city or town) (State or country) ---------- Virginia

17. INFORMANT Mrs. Blanche P. Hopkins

(Address) 3947 Cloverhill Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date 4/15 19 35

19. UNDERTAKER Henry L. Oursler Sons

(Address) 5 E. Lexington St.

20. FILED ..... 19.. .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/13/35 . 19.. to 4/13/35 . 19..

I last saw her alive on 4/12/35 . 19.. Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?

Other contributory causes of importance:

Cerebral Thrombosis	2 months prior

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wm Gadden M. D.

(Address) 321 E 25th

M. D. F. 1268-9

F 11647

F 11647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-L

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 Cereal St 25 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antonina Gembicki

(a) Residence: No. 1614 Cereal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE: Stanislaw Gembicki

6b. DATE OF BIRTH (month, day, year): Unk.

7. AGE: Years 46; Months —; Days —; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 1937

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: House Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME OF FATHER: John Gurdocki

14. BIRTHPLACE (city or town) (State or country): Poland.

15. MAIDEN NAME OF MOTHER: Unk.

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Stanislaw Gembicki
(Address) 1614 Cereal St.

18. BURIAL, CREMATION, OR REMOVAL: Holy Cross R.C. Date April 16 1935

19. UNDERTAKER: Fred W Chazenski
(Address) 1930 Eastern Ave

Filed APR 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1933 to April 12 1935.

I last saw h alive on April 12 1935. Death is said to have occurred on the date stated above, 6 30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon -	

Other contributory causes of importance:

Name of operation Colectomy Date of 1932

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Fozek M. D.

(Address) 20 E Preston

M. D. B. 1268-9

F 11648 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11648

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 220 Schroeder St., 18 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Robinson (Entered wrong Isaac Smith - wrong step father's name)

(a) Residence: No. 220 Schroeder St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed or divorced HUSBAND of Florence Robinson

6. DATE OF BIRTH (month, day, year) September 21 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) April 4 1935

11. Total time (years) spent in this occupation 10 yrs -

12. BIRTHPLACE (city or town) Virginia
(State or country) Caroline Co

MOTHER OR FATHER

13. NAME Alexander Robinson

14. BIRTHPLACE (city or town) Virginia
(State or country) Caroline Co.

15. MAIDEN NAME Betty R. Robinson

16. BIRTHPLACE (city or town) Virginia
(State or country) Caroline Co

17. INFORMANT Ell. R. Smith
(Address) 524 Filmore St

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date Apr 15 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 S. Schroeder St

20. FILED APR 15 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to April 12, 1935.

I last saw him alive on April 11, 1935. Death is said to have occurred on the date stated above, at A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	3/5 1935

Other contributory causes of importance:

None

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jno A. Wright, M. D.

(Address) 1709 Presstman St

D. P. 1268-9

F 11649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11649

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 157 Eron Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella R. Thomas Lunday

(a) Residence: No. 157 Eron Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Col	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 11-1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

13. NAME Larkin Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susie Williams

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Henrietta Wright

(Address) 153 Eron Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Date Apr. 15, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED ... 19... Registrar.

F 11649 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Finck M. D.
Coroner

(Address) Baltimore

H. D. B 1268-9

F 11650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11650

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Leah Wright

(a) Residence: No. 619 Archer St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Robert Wright

DATE OF BIRTH (month, day, year) Dec 4 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	40	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth Va

13. NAME Robert Butts

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hannah Brown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Beatrice Byron

(Address) 619 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date April 18 1935

19. UNDERTAKER Joseph A. Lively

(Address) 1409 N. Mount St

FILED 15 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1130 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation Date of No

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B Herzog MD M. D.

Coroner

(Address) 1305 N Fulton Ave

Cor.—10-10-29—A Co.—100 Bks.

1651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11651

92-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Lucas Memorial Hospital (Ward) B

2-FULL NAME William H. Streaker

(a) RESIDENCE NO. 3438 Chestnut Ave St., Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	white	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~ Sarah Streaker

6 DATE OF BIRTH (month, day, and year) Dec 23/1858

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	76.	3.	20.	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Clerk in store
(b) General nature of industry, business, or establishment in which employed (or employer) Tobacco & Candy
(c) Name of employer Chas D. Moore

9 BIRTHPLACE (city or town) Savage
(State or country) Md.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown

12 MAIDEN NAME OF MOTHER Anna Duvall

13 BIRTHPLACE OF MOTHER (city or town) .....
(State or country) Unknown

14 Informant Mrs Cora Hilker
(Address) 1213 W. 41st St.

15 Filed ..... 19.... Registrar

APR 15 1935

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-13 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Jury (Coroner, autopsy or inquiry) find that said deceased came to ~~his~~ her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Valvular Disease of Heart

(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) .....

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? Date of .....

Was there an autopsy? .....

What test confirmed diagnosis? .....

(Signed) Earl Morrison, M. D.

April 16 1935 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Mary's Cem Rawlins — DATE OF BURIAL 4/16/1935

20 UNDERTAKER Walter Davis — ADDRESS 3418 Chestnut Ave

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1652 — T 11652

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 S Clinton St., 7th Ward)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John G Edelmann

(a) Residence: No. 1606 S Clinton St., 7th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nora Edelmann

6. DATE OF BIRTH (month, day, year) Jan 25-1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
57	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John G. Edelmann

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Elizabeth Beh.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edgar S. Edelmann.

(Address) 1606 S Clinton

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Apr. 16. 35

19. UNDERTAKER Leh & Zumbo Inc

(Address) 4 E Saratoga St

20. FILED ..... 19..... Registrar

APR 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3 1935 to Apr 13 1935

I last saw h alive on Apr 13 1935. Death is said to have occurred on the date stated above, at 12.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 3/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Francis J Fleming M. D.

(Address) 1400 Edelen Av.

M. D. 1410 11653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 11653

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2141 W. Wilkins Ave St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Angnes C. Jenkins

(a) Residence: No. 2141 W. Wilkinis Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry. Jenkins

6. DATE OF BIRTH (month, day, year) Jan. 17/1886

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
49	3	27½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Chales L. Brown

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Angnes Oneill

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Harry Jenkins Hus.

(Address) 2141 W. Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr. 17 1935

19. UNDERTAKER Lilly & Feldmeier

(Address) 408 N. Eutaw St.

FILED APR 15 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13/35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1- 1934 to April 13- 1935

I last saw her alive on April 13- 1935. Death is said to have occurred on the date stated above, at 9/30 am pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asteriosclerosis, Hypertension Mitral Insufficiency C. V. D. Complication Chronic Interstitial Nephritis,	
Other contributory causes of importance: Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Herbert C. Ketsch M. D.

(Address) 2151 Wilkins Ave

M. D. B. 1268-A F 11654 ✓ F 11654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3111 McElderry St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How ~~long in U. S.~~ If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Eaton

(a) Residence: No. 3111 McElderry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 13 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Wm L. Eaton
14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER
15. MAIDEN NAME Wilhelmina Shields
16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm L. Eaton
(Address) 3111 McElderry

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross - Norfolk Va Date 4/15/ 1930

19. UNDERTAKER E. J. Fanning & Son
(Address) 1938 E. Lafayette Ave.

20. FILED — — 19— Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 1930

22. I HEREBY CERTIFY, That I attended deceased from April 13 1930 to April 14 1930
I last saw her alive on April 14 1930 Death is said to have occurred on the date stated above, at 1:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Stomach	4 days

Other contributory causes of importance:
Impacted Ulcer Pyloric

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edward Horst M. D.
(Address) 1318 Pennsylvania

M. D. B. 1268 F 11655 ✓ F 11655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1700 Eutaw Place St., 14 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lilian F. Singer

(a) Residence: No. 1700 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced BUSBAND of (or) WIFE of George W. Singer

7. DATE OF BIRTH (month, day, year) Sept. 17, 1872

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md.

13. NAME Marshall C. Dunn

14. BIRTHPLACE (city or town) Baltimore (State or country) Md.

15. MAIDEN NAME Margaret F. VanDaniker

16. BIRTHPLACE (city or town) Balto. (State or country) Md.

17. INFORMANT Nellie D. Lettow

(Address) 1714 John St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date April 16, 35

19. UNDERTAKER John O. Litch[illegible] & Sons

(Address) 1900 Eutaw Place

20. FILED [illegible], 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Augt, 1925 to April 13, 1935.

I last saw h[illegible] alive on April 12, 1935. Death is said to have occurred on the date stated above, at 330 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tobes Dorsalis	1920

Other contributory causes of importance:

General Peripheral Paralysis	1925

Name of operation None Date of —

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P. Hill. M. D.

(Address) 4531 Reisterstown Rd.

M. D. B. 1268-9

1656 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 11656

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. Maryland Gen. Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Bethea

(a) Residence: No. 1023 Brantley Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43		—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Earnest Lee
(Address) 1137 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4. 15, 1935

19. UNDERTAKER Franklin W Lentz
(Address) 101 West 23rd St

APR 15 1935

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to April 13, 1935.

I last saw him alive on April 13, 1935. Death is said to have occurred on the date stated above, at 4 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis } Auricular Fibrillation } Cardiac decompensation	prior to 4-10-1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Baker Jr. M. D.

(Address) Md. Gen. Hospital.

H. D. P. 1268-9

1637

✓ F 11657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-107-a

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto, Md St., 16 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Johnson

(a) Residence: No. 1004 Brantley Cove Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records (Address) Balto City Hospital

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 4/15, 1935

19. UNDERTAKER Chas G. Cooper (Address) 514 N. Calhoun St

20. FILED 4/15/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13/1935

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1933 to 4-13-1935

I last saw him alive on 4-13, 1935 Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	Unk
Other contributory causes of importance: Lymphosarcoma Penile Cordal	
Changes C. N. S. Lues	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Harry J. Conner M. D.

(Address) Baltimore City Hospital

F. D. B. 1268-9

1658 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11658

149-B

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp St., 6 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lena Rubin

(a) Residence: No. 110 N. Patterson Park Ave., Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jacob Rubin

DATE OF BIRTH (month, day, year) — 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Dvl Hymowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Rubin

(Address) 110 N Patt PK Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Rosedale Date 4/17/35 19...

19. UNDERTAKER Jos. L. Levy Son

(Address) 1439 E. Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Ruptured Uterus	
(Podalic Version-child birth)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. Falcon, M. D.

Coroner

(Address) 708 E Fayette St

M. D. P. 1934-9 F 11659

✓ Gran x 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11659

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Transient

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Stephen Gray

(a) Residence: No. 3 South Frederick St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Unknown

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ———

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: Approx 55 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0087

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country):

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: Transient Bureau

(Address) 3 S. Frederick

18. BURIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date April 9, 1935

19. UNDERTAKER

Address

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935, to April 5, 1935

I last saw him alive on April 5, 1935. Death is said to have occurred on the date stated above, at 3 20/p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	4/4/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Lumbar puncture Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Byron A. Tull, M. D.

(Address) Sydenham Hosp.

M. D. F 1268-9

F 11660

1660

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Miller.

(a) Residence: No. 917 Parish St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 1880.

8. AGE: Years 55. | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co, Md.

13. NAME James Brown.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Ann Brown.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date Oct 15 1935

19. UNDERTAKER

(Address)

20. 1935 12-71

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1935 to 4/8 1935

I last saw him alive on 4/8 1935 Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Potter M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ F 11661

1661

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N Broadway St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Sophia McSherman

(a) Residence: No. 1737 N Broadway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Frederick McSherman

6. DATE OF BIRTH (month, day, year): Dec 17-1857

7. AGE — Years: 75 | Months: 3 | Days: 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. Name: Rev Ludwig D Maier

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Sophia Gottenstein

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Dr Harry McSherman

(Address) 1737 N Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: April 16, 1935

19. UNDERTAKER: John Kilgus

(Address) 2008 E Monument St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1934, to April 13, 1935.

That I saw h[illegible] alive on April 13, 1935. Death is said to have occurred on the date stated above, at 6:28 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Other contributory causes of importance:	
Cerebral Hemorrhage	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If [illegible] specify .....

(Signed) Edward [illegible] M. D.

(Address) 463 N Washington

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

1662 ✓ E 11662

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6117 Glen Oak Ave St., 27 Ward)

4

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Findley

(a) Residence: No. 6117 Glen Oak Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie M Gramm

DATE OF BIRTH (month, day, year) June 29 1872

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	10	12	16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Clayton Findley

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Martha Adams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter F Boyer
(Address) 6117 Glen Oaks Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Penbrook Pa Date April 18 1935

19. UNDERTAKER John Ullrich
(Address) 2008 Orleans St

20. FILED April 18 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to April 15, 1935

I last saw h alive on April 14, 1935 and that death is said to have occurred on the date stated above, at 12-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Cerebral Hemorrhage)	
Other contributory causes of importance: Uremia	

Name of operation None Date of None

What test confirmed diagnosis? ——— Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of injury None

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) John L. Quinn M. D.

(Address) 24 E Preston St

D. B. 1268-9

F 11663

11663 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH:

CITY OF BALTIMORE: (No. City Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Maggie Wilson

(a) Residence: No. 213 Borden Court St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Unknown

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

12. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 15, 1935

UNDERTAKER

(Address)

FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19.....; Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Edmonds M. D. Coroner

(Address) 1305 N Fulton Park

D. B 12684

✓ F 11664

1664

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. City Hospitals St., 3 Ward)

ength of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joe Davis

(a) Residence: No. 319 S. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
65	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date April 15, 1935

UNDERTAKER .....
(Address)

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1050 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. P. Herzog M.D. M. D.
Coroner

(Address) 1300 N. Patterson Park

H. D. B. 1268-9

F 11665

HEALTH DEPARTMENT—CITY OF BALTIMORE

1665

CERTIFICATE OF DEATH

157-N

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Baby Ciurca

(a) Residence: No. 15 S. East ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

3. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9 1925

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—		—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME Joseph Ciurca

14. BIRTHPLACE (city or town) (State or country) Radnici Italy

15. MAIDEN NAME Virginia Ciaga

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date June 15 1925

19. UNDERTAKER
(Address)

20. FILED June 15 1925

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/9 1925

22. I HEREBY CERTIFY, That I attended deceased from — 19..... to — 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1 20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Abnormality of Brain & Heart	
Hydrocephalus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If Coroner

(Signed) J. P. Kenzoy md Coroner, M. D.

(Address) 1305 N Ellwood Ave

Cor.—12-9-35—A Co.—200 Bks.

F 11666

HELEN MATEJSKA

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11666

93-a

CERTIFICATE OF DEATH.

REGISTERED NO.

1-PLACE OF DEATH
City of BALTIMORE: (No. En route to City Hospital St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Helen Matejska

(a) RESIDENCE NO. 2516 Foster ave St. Ward
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Separated

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen Matejski

6 DATE OF BIRTH (month, day, and year) 1885

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	50			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Poland
(State or country)

PARENTS

10 NAME OF FATHER Joseph Prusko
11 BIRTHPLACE OF FATHER (city or town) Poland
(State or country)
12 MAIDEN NAME OF MOTHER Unknown
13 BIRTHPLACE OF MOTHER (city or town) Poland
(State or country)

14 Informant Stanislaus Matejski Son
(Address) 2516 Foster ave

15 Filed [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 12 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to Her death on the day stated above.

The CAUSE OF DEATH* was as follows:
Acute Myocardia Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) B P Bergmann M. D.
(Coroner)

, 19 (Address) 3052 Fait[illegible]

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem Date of Burial April 16 1935

20 UNDERTAKER John M Weber ADDRESS 401 S. Chris[illegible]

5 1935

H. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11667

11667

95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at 9

CITY OF BALTIMORE: (No. 822 E. Preston St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles J. Morgan

(a) Residence: No. 605 E. 27th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 17/1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	14	9	26 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore. Md.
(State or country)

13. NAME Thomas M. Morgan

14. BIRTHPLACE (city or town)
(State or country) Indiana

15. MAIDEN NAME Mary A. Gately

16. BIRTHPLACE (city or town)
(State or country) Baltimore. Md.

17. INFORMANT Mary A. Morgan
(Address) 605 E. 27th St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenbathpdalbur Date 4/14, 1935

19. UNDERTAKER John J. Logan
(Address) Booce Balto.

20. FILED 1935 Huntington Ind.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at 8-6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
(Type undetermined)	

Other contributory causes of importance:

(Suddenly collapsed while playing ball in side street)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 508 E Preston St

M. D. P. 1268-9

✓ F 11668

11668

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 E. Monument St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Sarah H. Bauerhaus

(a) Residence: No. 2829 E. Monument St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6. If married, widowed or divorced (~~married~~) (or) WIFE of: Edward M. Bauerhaus
7. DATE OF BIRTH (month, day, year): Jan. 18 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:
12. BIRTHPLACE (city or town) (State or country): City
13. NAME: Laura Geary
14. BIRTHPLACE (city or town) (State or country): City
15. MAIDEN NAME: Margaret Muldowney
16. BIRTHPLACE (city or town) (State or country): Ct
17. INFORMANT: Julia Smith
(Address) 2829 E. Monument
18. BURIAL, CREMATION OR REMOVAL
Place: Mount Cathedral 4/17/ 1935
19. UNDERTAKER: John A. Logan
(Address) 3305 Bal St
20. FILED: 1935 Registrar

New Cathedral Cemetery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/14/ 1935
22. I HEREBY CERTIFY, That I attended deceased from 3/21 1935 to 4/14 1935 last saw her alive on 4/12 1935 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Duration? ?

Other contributory causes of importance:

Name of operation: None — Date of:

What test confirmed diagnosis: Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. P. Sokoloff M. D.

(Address) 2939 McElderry St.

M. D. R. 1268-9

F 11669

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11669

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? 31 yrs. mos. ds.

2. FULL NAME Mrs Cecelia Rogers

(a) Residence: No. 509 N. Calvert St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Rogers

6. DATE OF BIRTH (month, day, year) Oct 22 1861

7. AGE: Years 73 | Months 5 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Londonderry Ireland

13. NAME OF FATHER John McNulty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Celia Duggan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mercy Hosp Date Apr 15, 35

19. UNDERTAKER Wm Cook
(Address) 1217 N. Paul St

15 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 13, 19 34 to April 13, 19 35

I last saw h[illegible] alive on April 13, 19 35 Death is said to have occurred on the date stated above, at 2-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (Squamous cell) of cervix uteri & metastases	?
Other contributory causes of importance: Arteriosclerotic Cardiovascular Disease	?

Name of operation Mercy Cancer Date of 11/23/34

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, state

(Signed) Edward J. Tyminski, M. D.

(Address) Mercy Hospital

M. D. B. 1288-9

✓ F 11670

11670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jean Lee Mellor

(a) Residence: No. 5709 Alhambra Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) July 16, 1934

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Preston Mellor

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Alice Tolson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date April 17, 1935

19. UNDERTAKER G. W. Fuller & Son

(Address) Harford Rd.

20. FILED April 15, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to April 15, 1935

I last saw her alive on April 15, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Lobar, right	April 10
Other contributory causes of importance: Otitis, Media, Acute, Left	April 2

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James L. Bellet M. D.

(Address) Union Memorial Hosp

Spec.—9-30—A. & Co.—250 Blks

✓ F 11671

1671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D
REGISTERED NO.

1 PLACE OF DEATH
CITY OF BALTIMORE: (No. 2024 Cecil Av ST. 9 WARD)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME James P. Cooney

(a) RESIDENCE NO. 2024 Cecil Av ST. WARD
(Usual place of abode) (If non-resident give city or town and state)

Length of residence in city or town where death occurred 67 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? -- yrs. -- mos. -- ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura E. Mahaffey

7 DATE OF BIRTH (month, day, and year) Feb. 29, 1868

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	15	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Produce Merchant
(b) General nature of industry, business, or establishment in which employed (or employer): 0045
(c) Name of employer

10 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

11 NAME OF FATHER: James Cooney

12 BIRTHPLACE OF FATHER (city or town) (State or country): ------ Ireland

13 MAIDEN NAME OF MOTHER: Bridget Moran

14 BIRTHPLACE OF MOTHER (city or town) (State or country): ------ Ireland

15 Informant (Address): Mrs. Laura E. Cooney 2024 Cecil Avenue

16 Filed 1935 Huntington Mathews, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 5th 1935

17 I HEREBY CERTIFY, That I attended deceased from March 1st, 1935, to April 5th, 1935, that I last saw him alive on April 4th, 1935, and that death occurred, on the date stated above, at 2 A.M.

The CAUSE OF DEATH* was as follows:
Myocardial Insufficiency 6 mos.
Pulmonary Oedema 3 days

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Chronic Nephritis
(duration) 0 yrs. mos. ds.

18 Where was disease contracted if not at place of death? ?
Did an operation precede death? ? Date of -
Was there an autopsy? ?
What test confirmed diagnosis? Signs & Symptoms

(Signed) H. Chesford M. D.
April 5th, 1935 (Address) 305 N. Calvert St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Cross Cemetery
DATE OF BURIAL: 4/17 1935

20 UNDERTAKER: Henry W. Myers & Son
ADDRESS: 855 W. Baltimore

M. D. P. 1268-9

E 11672

1672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3917 Liberty Heights Ave. St. 15 Ward)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Kothe

(a) Residence: No. 3917 Liberty Heights Ave St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Annie M. Kothe

6. DATE OF BIRTH (month, day, year): Nov 19. 1862.

7. AGE: Years 72; Months 4; Days 24 75; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own

10. Date deceased last worked at this occupation (month and year): March 1935

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Conrad Kothe

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Kothe

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Annie M Kothe
(Address) 3917 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Park Date: Apr 16 1935

19. UNDERTAKER: Mrs Mrs John W Keitel & Son
(Address) 501 W. Fayette St.

20. FILED: Apr 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1935 to April 13, 1935

I last saw him alive on April 13, 1935. Death is said to have occurred on the date stated above, at 6.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease	March 31, 1935

Other contributory causes of importance:

Name of operation - - - Date of - - -

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify - - -

(Signed) Harry Keitel M. D.

(Address) 1224-1226 Hanover St.

M. D. B. 1268-B

F 11673

1673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2228 Garrison Blvd. St., 15 Ward)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Klein

(a) Residence: No. 2228 Garrison Blvd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of ~~last WIFE of~~ Elizabeth Krauss

6. DATE OF BIRTH (month, day, year) July 6th - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Geo. Klein

(Address) 2228 Garrison Blvd.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 4/16/35 19

19. UNDERTAKER Geo. Wiley & Son

(Address) 2503 Edmondson Ave

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 | 13 | 35 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 15th, 1935 to April 13th, 1935.

I last saw h.. alive on April 12th, 1935. Death is said to have occurred on the date stated above, at 9:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3 years

Other contributory causes of importance:

Heart disease
Aortic and Mitral Regurgitation

Name of operation No Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Hubert E. Zepp M. D.

(Address) 3048 W. North Ave
Baltimore Md

D. P. 1268-9

F 11674

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11674

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hosp St. 14 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Pinkney Thomas

(a) Residence: No. 543 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm Thomas

DATE OF BIRTH (month, day, year) May 10 1871

AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	63	11	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Champlain Va

12. NAME Mary Campbell

13. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Marcon

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Lloyd Key
(Address) Champlain Va

BURIAL, CREMATION, OR REMOVAL Champlain Va Date 4/16 35

UNDERTAKER Clyde H Burdett
(Address) 528 Laurens St

FILED 4/16 1935 Burdett

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h.. alive on Easter Sunday. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Chronic Myocarditis	3 months

Other contributory causes of importance:

Name of operation Regular Date of ..

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H Leach M. D.
Coroner

(Address)

F 11675

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11675

CERTIFICATE OF DEATH

120

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hop. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Since 1898 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A' Keefe Brown

(a) Residence: No. 20 N. Central Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Mute	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Jno Brown

7. DATE OF BIRTH (month, day, year) 1812.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Records B.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 6 1935

19. UNDERTAKER Wm Bok

(Address) 1217 St Paul St

20. FILED Apr 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/5, 1935, to 4/13, 1935

I last saw h[illegible] alive on 4/13, 1935 Death is said to have occurred on the date stated above, at 1:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea, etiology undetermined.	3 mos.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Pelz M. D.

(Address) Balto City Hosp.

D. B. 1268-8

F 11676

F 11676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 76 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick G. Fischer

(a) Residence: No. 4221 Stanwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jessie M.

DATE OF BIRTH (month, day, year) March 15/1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1.	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Continental Can Co

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 5yr

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Myrtle Covall
(Address) 4221 Stanwood Ave

BURIAL, CREMATION, OR REMOVAL
Place Balto Date April 17th 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance:	

Name of operation clinical Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. L. Kelly M. D.
(Coroner)

(Address) 608 E Fayette

F 11677

F 11677

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Johnston

(a) Residence: No. 600 Melville Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Marcella Johnston

DATE OF BIRTH (month, day, year) About 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Property Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mc Glocklin 0086

10. Date deceased last worked at this occupation (month and year) April 1931

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Patrick Johnston

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Mc Elroy

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Mamie Byrne

(Address) 600 Melville Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 4/17/1935

UNDERTAKER Wm Cook

(Address) 1219 E Fayette St

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935 to April 15, 1935

I last saw him alive on April 15, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	
Cerebral Hemorrhage c right Hemiplegia	4-14-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Robert F. Leahy, M. D.

(Address) St Agnes Hospital

F 11678

F 11678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-P

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Lafayette Ave. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary C. Heinz

(a) Residence: No. 1618 E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 28th, 1859.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Andrew Heinz

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Caroline Mehring

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Caroline Heinz (Sister)

(Address) 1618 E. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 16, 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated before 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Muocardial Insufficiency	

Other contributory causes of importance:

Paralysis (Hemiplegia) 9yrs ago	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.
Coroner

(Address) 208 E. [illegible]

M. D. Form 1068 F 11679

F 11679

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1624 Poplar Grove St. 15 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward J. Mooney

(a) Residence: No. 1624 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, (Married) Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs Mary F. Mooney

6. DATE OF BIRTH (month, day, year) Sept 1. 1852

7. AGE: Years 52 | Months 7 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME James Mooney

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Anne Lyons

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Mary F. Mooney
(Address) 1624 Poplar Grove St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cemetery Date April 17 1935

19. UNDERTAKER Henry Steed Sons, Inc.
(Address) 130 E Eager St

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to April 15 1935

I last saw him alive on April 12 1935. Death is said to have occurred on the date stated above, at 12.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Disease	
Cerebral hemorrhage	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Fred C Jewett, M. D.

(Address) 25 W Preston

D. B 1268-9

F 11680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11680

CERTIFICATE OF DEATH

✓ 180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH (221)

CITY OF BALTIMORE: (No. 224 N. Spring St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Bell Ross

(a) Residence: No. 225 ~~224~~ N. Spring St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept 17/1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	6	25 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Charles Ross

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Maggie McGreer

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Maggie Ross

(Address) 224 N. Spring St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date April 16 1935

UNDERTAKER Isaac H. Lockard Sr

(Address) 1315 Pierce St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 11/35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above at about 11.30 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over entire body	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury April 11/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place asleep in bed when house burned

Manner of injury How ignited undetermined

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If no, specify.

(Signed) W. H. Carr M. D.
Coroner

(Address) 508 E. Monument

D. B. 1265-9

F 11681

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11681

180

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Spring St., 5 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Matilda Ross

(a) Residence: No. 224 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	simgle

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 4/1931

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington, D.C.

13. NAME Charles Ross

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

15. MAIDEN NAME Maggie Fourcer

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Maggie Ross

(Address) 224 N. Spring St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 4/16 1935

UNDERTAKER South A. Lockard Jr.

(Address) 1 W. Lafayette St

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 11/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at about 11.30 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Burns over entire body	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Apr 11/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place asleep in bed when home burned

Manner of injury how ignited undetermined

Nature of injury burns from fire

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. K. Eaton M. D. Coroner

(Address) 1 E. Mt. Pl.

D. B. 1000-9 F 11682

F 11682

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ v 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Fresh Baltimore Sanitarium St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary (B De Greif) Mary Barbara De Greif

(a) Residence: No. Liberty Rd & Dorchester Rd St., Rockdale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	W	Married

If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Phillip P De Greif

DATE OF BIRTH (month, day, year) Feb. 5-1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) ~~Germ~~ Marion Ohio

13. NAME Joseph Kuehner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Hemlich

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Marie Haley

(Address) Liberty Road Rockdale

BURIAL, CREMATION, OR REMOVAL

Date Apr 18. 1935

UNDERTAKER J. J. Fletcher & Sons

(Address) 15th Paca

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-30-35 . 19 . to 4-14-35 . 19

I last saw her alive on 4-14-35 . 19 Death is said to have occurred on the date stated above, at 10:10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Subdural hemorrhage over left temporal lobe	3-30-35
2- Linear fracture - left frontal region extending into superorbital region	
Other contributory causes of importance: Hypertension (Chronic)	?

Name of operation Rt temp decompression Date of 4-13

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3-30 . 1935

Where did injury occur? At home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury Fell down steps

Nature of injury Fracture of head

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify

(Signed) Milton Lewis . M. D.

(Address) W. B & H.

D. B. 1934-9 F 11683

F 11683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1918 E. 31st St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Clifford Gibson

(a) Residence: No. 1918 E. 31st St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Anita W. Gibson

6. DATE OF BIRTH (month, day, year): Oct. 10, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	6	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Traffic Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chamber of Commerce

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent at this occupation: 1

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: Wm M. Gibson

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME OF MOTHER: Alice J. Kirby

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

INFORMANT: Mrs Anita W. Gibson

(Address): 1918 E. 31st St

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: Apr 16. 1935

UNDERTAKER: Wm H. Pickup & Sons

(Address): Forest & Pines.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6. 20th, 1933. to April 13th, 1935.

I last saw him alive on April 13th, 1935. Death is said to have occurred on the date stated above, at 3.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis (Chronic)	Oct 1933
Hypertension	
Other contributory causes of importance: Cardiac failure	Apr 35 3 days

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd

Line 0317.

D. B. 1205 E 11684

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11684

CERTIFICATE OF DEATH

82-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4107 Alto Rd St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 0 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Isaac O'Neill

(a) Residence: No. 4107 Alto Rd St., ? Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary D. O'Neill

6. DATE OF BIRTH (month, day, year): Mar. 25, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	0	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Govt Printing Office

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 1923

11. Total time (years) spent in this occupation: 063

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME OF FATHER: Chas J O'Neill

14. BIRTHPLACE (city or town), (State or country): Balto. Md

15. MAIDEN NAME OF MOTHER: Deborah Burley

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Mrs Chas. J. O'Neill

(Address): 4107 Alto Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Cem. Date: Apr. 17, 35

19. UNDERTAKER: Wm. H. Kueg Sons

(Address): North & Paines.

20. FILED: APR 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan-4 1935 to Apr 15 1935

I last saw him alive on Apr 14 1935. Death is said to have occurred on the date stated above, at 1250 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Cardiac and respiratory failure. Gradual.	4/13/35
Other contributory causes of importance: General Arteriosclerosis — for about 5 yrs.	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wesley Cole M. D.

(Address) 7207 Garrison Blvd

H. D. P. 1768-9

F 11685

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11685

CERTIFICATE OF DEATH

XV 121

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. 11 St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RALPH C. HOOD (C for Casidon)

(a) Residence: No. Clifton Ave. & Park Place - Woodlawn, Md. Ward. 1

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M/F	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth McPHAM

DATE OF BIRTH (month, day, year) 3-21-1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SALESMAN (666)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MILK ROUTE

10. Date deceased last worked at this occupation (month and year) 4-10-35

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) CARROLL CO. Md.

13. NAME Homer Augustus Hood.

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs Elizabeth Hood

(Address) Woodlawn (Sta.

BURIAL, CREMATION, OR REMOVAL

Place Sykesville, Md. April 16 1935

UNDERTAKER Wm. McIntyre Sons

(Address) North & Paca Sts.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to April 13 1935

I last saw him alive on April 13 1935 Death is said to have occurred on the date stated above, at 6.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (generalized) following ruptured appendix	

Other contributory causes of importance:

Name of operation Appendectomy Date of 4/11/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles L. Ward M. D.

(Address) 3312 Eastern Road

Fatal - true

D. B. 1265

F 11686

F 11686

HEALTH DEPARTMENT—CITY OF BALTIMORE,

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospitals — Registered No. 49-a

CITY OF BALTIMORE (No. ... St., 10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME — Mary Christian

(a) Residence: No. 812 N Eden St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Richard Christian

6. DATE OF BIRTH (month, day, year): Aug 3, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: Life

BIRTHPLACE (city or town) (State or country): Virginia

13. NAME: Cefus Bacon

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Emily Symington

16. BIRTHPLACE (city or town) (State or country): Virginia

INFORMANT: Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Date apr 16, 1935

UNDERTAKER: Mrs R. T. Elliott

(Address) 1129 N. Carolina

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): April 12 35

I HEREBY CERTIFY, That I attended deceased from April 3 35 to April 12 35

I last saw him alive on April 12 35. Death is said to have occurred on the date stated above, at 1:40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Pulmonale	?
Coron-Arteriosclerosis	

Other contributory causes of importance: Chronic Pneumonia

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Good M. D.

(Address) Balto City Hosp

M. L. P. 1265-7 F 11687

F 11687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 612 W Mont Gomery Street

CITY OF BALTIMORE: (No. Baltimore St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Estella West

(a) Residence: No. 612 W Mont Gomery St St., 7 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan 2 1895

7. AGE: Years 40 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 10

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: John West

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Emma Boyd

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Georgeanna Lewis
(Address): 623 W. Lee St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Auburn Date: Apr 17 1935

19. UNDERTAKER: James A Stamp
(Address): 1142 Hilleard St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1935 to April 13 1935

I last saw her alive on April 13 1935. Death is said to have occurred on the date stated above, at 1 30 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset

Other contributory causes of importance:

Toxemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H H Thompson M. D.

(Address) 501 Cathedral St

F 11688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11688

94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1432 Buchanan Ave St., 7 Ward)

Length of residence in city or town where death occurred 42 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 48 yrs. 8 mos. 6 ds.

2. FULL NAME John Millard Spicer Resident

(a) Residence: No. 1432 Buchanan Ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Jennie V. Spicer

DATE OF BIRTH (month, day, year) Aug 9th 1886

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
48	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Government Guard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government
10. Date deceased last worked at this occupation (month and year) Mar 30 1935
11. Total time (years) spent in this occupation 11 yrs 6 mos
12. BIRTHPLACE (city or town) Howard Co
(State or country) Maryland
13. NAME Robert Millard Spicer
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland
15. MAIDEN NAME Mary Bathgate
16. BIRTHPLACE (city or town) Portland
(State or country)
17. INFORMANT Wife Jennie V. Spicer
(Address) 1432 Buchanan Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Elkridge Md Date Apl-17 1935
19. UNDERTAKER Stewart Mizzette Co
(Address) 108 Mountain.
20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30th, 1935, to April 15th, 1935
I last saw h[illegible] alive on April 14th 1935, death is said to have occurred on the date stated above, at 8:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Coronary Sclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Samuel H Culver M. D.

(Address) 5611 Pimlico Rd

M. D. P. 1268-9 F 11689

F 11689

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

1. PLACE OF DEATH

Registered No. 3

CITY OF BALTIMORE: (No. University Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Weller

(a) Residence: No. 2419 Harlem Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John H. Weller

7. DATE OF BIRTH (month, day, year): July 7, 1879

AGE: Years 55 Months 9 Days 23 If LESS than 1 day, hrs. or min. 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Charles E. W. Keyser

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katie Rabenstadt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John H. Weller

(Address): 2419 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4-17-35 19

19. UNDERTAKER: Pennyfeather

(Address): 1620 Ashburton St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-6, 1935 to 4-14, 1935

I last saw her alive on 4-14, 1935. Death is said to have occurred on the date stated above, at 9:40 A.M.

The principal cause of death and related causes of importance were as follows:

Foreign body in esophagus — Date of onset 4-5-35

Mediastinal abscess due — 4-8-35

Other contributory causes of importance: esophageal-bronchial fistula — Ad

Name of operation Esophagoscopy Date of 4-5-35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-5, 1935

Where did injury occur? Baltimore Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Foreign body in esophagus

Nature of injury Perforation of esophagus

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Weller, M. D.

(Address) University Hosp.

H. D. B. 1268-9 F 11690

F 11690

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 103

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Pronounced dead at Hopkins Hospital St., 10 Ward)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Conaghe

(a) Residence: No. 1200 Dragonith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 28, 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Wesley Conaghe

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Lillie Cumberland

16. BIRTHPLACE (city or town) (State or country) Chicago Ill

17. INFORMANT Mrs. Libby Williamson

(Address) 1205 Cardenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Ha... Date 4-17 19 3...

19. UNDERTAKER Albert J. Wirth

(Address) 1611 E. Chase Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15/30 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from mouth probably pulmonary

(No evidence of tuberculosis)

Date of onset

Other contributory causes of importance:

History of high blood pressure

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner. M. D.

(Address)

F 11691

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11691

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Good Shepherd Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 19 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John L Heller

(a) Residence: No. 1617 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widower

6. If married, widowed, or divorced. HUSBAND of (or) WIFE of: Julia Heller.

7. DATE OF BIRTH (month, day, year): 3-4-1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	1	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: mine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

13. NAME: Richard Heller

14. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

15. MAIDEN NAME: Delia Strickler

16. BIRTHPLACE (city or town) (State or country): Calvert Co. Md.

17. INFORMANT: Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mutual, Calvert Co. Date May 17 1935

19. UNDERTAKER: Samuel H. Shaw Son
(Address) 60 E. N. Gilmor

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1935 to 4-14- 1935

I last saw him alive on 4-14- 1935 Death is said to have occurred on the date stated above, at 9:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	2 mo. ago.

Other contributory causes of importance:

Name of operation: none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Edw A. Marshall M. D.

(Address) 1838 Druid Hill Ave

F 11692

D. B. 1268-9

F 11692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1209 St. James St., 10 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sedonia Monroe

(a) Residence: No. 1209 St. James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Deceased Louis Monroe

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) "

11. Total time (years) spent in this occupation 0000

12. BIRTHPLACE (city or town) (State or country) Ann Arundel Co. Md.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mr. Monroe

(Address) 1209 St. James

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 17 1925

19. UNDERTAKER Edward Bryan

(Address) 1631 Orleans St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13 1925

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1925 to 4/13 1925

I last saw her alive on 4-13 1925 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

Febra Pneumonia — Date of onset 4/7/25

Other contributory causes of importance: Indefinite

Name of operation none Date of ...

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James R. Blake M. D.

(Address) 924 Fiesmith St

H. D. B. 1268-9

693

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11693

V 23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospital - Tuberculosis Division Registered No.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James (Joseph) Costley

(a) Residence: No. 1733 Druid Hill Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	~~Separated div.~~

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernestine

DATE OF BIRTH (month, day, year) June 6, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	38	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horseman 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) >

11. Total time (years) spent in this occupation >

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Costley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Georganna Simpson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Ft Auburn Date 4-17-35

19. UNDERTAKER George W. Gilson

(Address) 1135 N. Howard St. Balto.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to Apr 14, 1935

I last saw him alive on Apr 13, 1935 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Meyer W Jacobson, M. D.

(Address) Balto. City Hospital.

H. D. B. 1268-9

F 11694

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11694

CERTIFICATE OF DEATH

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 320 N Calhoune St., 19 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U. S. If of foreign birth? yrs mos da.

2. FULL NAME Emma Alice Henry

(a) Residence: No. 320 N Calhoune St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed.

6. If married, widowed, or divorced (or) WIFE of Jacob Henry

DATE OF BIRTH (month, day, year) July 21, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
61	62	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) La Grange Ga.

13. NAME Nelson Howell

14. BIRTHPLACE (city or town) (State or country) Ga.

15. MAIDEN NAME Sarah Moses

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Mrs Sophie W Whittaker (daughter)
(Address) 320 N Calhoune

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Date 4/16 35

19. UNDERTAKER Jacob P. Hensley
(Address) 918 Druid Hill Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4 1935 to April 13 1935

I last saw h[illegible] alive on April 12 1935. Death is said to have occurred on the date stated above, at 12[illegible] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Parenchymatous Nephritis	Probably 1 yr ago

Other contributory causes of importance:

Hypertension	1 yr
Uremic manifestations	

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) R. T. Young M. D.

(Address) 1429 E Monument St

D. F. 1268-9

F 11695

F 11693 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S Caroline St., 3 Ward)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Juliet McNeil

(a) Residence: No. 123 S Caroline St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mack McNeil

6. DATE OF BIRTH (month, day, year) 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41 4 2	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Loveland Md.

13. NAME Carey McClain

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Alice Shaw

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Talon McNeil

(Address) 1026 E. Eutaw St

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 4-16- 1935

UNDERTAKER Brown & Jamison & Knight

(Address) 218 N. Liberty St

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, ...

(Signed) B F Herzog M D M. D.
Coroner

(Address) 1305 N Fulton Ave

F 11696

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11696 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1527 E. Madison St.; Ward) 7

Length of residence in city or town where death occurred: Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Mitchell

(a) Residence: No. 1527 E. Madison St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced (or) WIFE of Fred Venable

DATE OF BIRTH (month, day, year) Jan. 23, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Mitchell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Louisa Howard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Harry Mitchell (Brother)

(Address) 440 St. George St-Govanstown

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cemetery 4/17 1935

Place

19. UNDERTAKER Robert F. Cowen

(Address) 501 N. Caroline St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/13/34, 19.., to 4/15/35, 19.. I last saw h S Y alive on 4/13/35, 19.. Death is said to have occurred on the date stated above, at 8:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	?
Other contributory causes of importance:	
Chr. myocarditis	?
Chr. Interstitial Nephritis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) ..... M. D.

(Address) .....

F 11697

F 11697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 611 Dunbarton Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Roger Jones

(a) Residence: No. 611 Dunbarton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Martha Orella Jones

DATE OF BIRTH (month, day, year) Nov. 12, 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foreman City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Lonza Jones

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Louise Schanbler

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Martha O. Jones (wife)
(Address) 611 Dunbarton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date April 17, 1935

19. UNDERTAKER Albert J. Gregory
(Address) 410 E. Fayette St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to April 15, 1935

I last saw him alive on April 14, 1935. Death is said to have occurred on the date stated above, at 5:05 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset 2 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) [illegible] M. D.

(Address) 3600 York Rd

F 11698

F 11698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 15 N. Belnord Ave Ward 6)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline A. Kuhn

(a) Residence: No. 15 N. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Joseph L. Kuhn

7. DATE OF BIRTH (month, day, year) May 5, 1867

AGE Years	Months.	Days	If LESS than 1 day, hrs. or min.
67	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Marx

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Joseph L. Kuhn

(Address) 15 N. Belnord ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 17, 1935

UNDERTAKER Frank V. Pikitone

(Address) 2818 E. Baltimore St.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to April 14, 1935

I last saw her alive on April 13, 1935. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis (chronic)	4/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene L. Casazza M. D.

(Address) 5-14 Drury Lane

F 11699

I. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11699

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 14 S. Wolf St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frances X Stein

(a) Residence: No. 14 S Wolf St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Barbara Stein

DATE OF BIRTH (month, day, year) Feb 21 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Molders helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.O.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Adam Stein

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary Schutz

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Barbara Stein
(Address) 14 S Wolf St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 17 1935

19. UNDERTAKER Martin W. E. Dippel
(Address) 37 S Arnold

20. FILED ... 19... Registrar.

A 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3. 1935 to April 14. 1935

I last saw him alive on April 11. 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma	about one year ago
Other contributory causes of importance:	

Name of operation Exploratory Date of 7

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. Heller M. D.

(Address) 1937 Gough St

F 11700

Buie

F 11700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Allie Buie

(a) Residence: No. 819 N. Oxford St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Perry Buie

7. DATE OF BIRTH (month, day, year) 7/21/1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	8	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm. Collins

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary Johnson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucy Parker (sister)

(Address) 819 N. Oxford St

18. BURIAL, CREMATION, OR REMOVAL

Place Mineral Va Date April 16 1935

19. UNDERTAKER Elroy O. Wilson

(Address) 1900 Beaumont Ave.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1935 to 4/14, 1935

I last saw her alive on 4/14, 1935 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c uremia	4-1935

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. B. 1268-9

11701

HEALTH DEPARTMENT—CITY OF BALTIMORE

11701

CERTIFICATE OF DEATH

24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 728 Penna Ave., 17 Ward)

gth of residence in city or town where death occurred ... yrs. 14 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Larkey, Arthur Gordon

(a) Residence: No. 728 Penna Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Male	4. Color or Race: White	5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 5 1921

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Larry A. Gordon

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Lurnia Sydnor

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Lurnia Sydnor
(Address) 728 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemet Date April 16 1935

19. UNDERTAKER: Edwin O Wilson
(Address) 1600 Brantleyne

FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fulminating Meningitis	
2 days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) ...

F. D. B. 1268-9

✓ F 11702

11702

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 409 Southway, Guilford St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Josephine Foige

(a) Residence: No. 409 Southway, Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 19, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	-	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Henry Adolph Joseph Foige

14. BIRTHPLACE (city or town) Hamburg
(State or country) Germany

15. MAIDEN NAME Rachel Mary Joan Wright

16. BIRTHPLACE (city or town) Harford County
(State or country) Maryland

17. INFORMANT Mrs. Loretta A. Litz

(Address) 409 Southway, Guilford

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date April 17, 1935

19. UNDERTAKER J. S. Black

(Address) 1005 W. Baltimore St.

20. FILED 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19. 35 to Apr 15 19 35

I last saw her alive April 15, 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Gastric Cancer

Date of onset

Other contributory causes of importance:

ooo

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury No 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Mary F. Voegtlen M. D.

(Address) 1028 Valley St.

F 11703

F 11703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. 1

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 521 S. Chester St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katarzyna Konopka

(a) Residence: No. 521 S. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bronislaw Konopka

DATE OF BIRTH (month, day, year) Unk.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Cyptor

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mary Kozlowska

(Address) 521 S. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Apr. 17 1935

19. UNDERTAKER F W Ozgowski

(Address) 1930 Eastern Ave.

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 13 1935

22. I HEREBY CERTIFY, That I attended deceased from January 28, 1935, to April 13, 1935

I last saw h[illegible] alive on April 13, 1935. Death is said to have occurred on the date stated above, at 1 30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri — Myocardial Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Andrew Konopka, M. D.

(Address) 2589 Eastern Ave.

D. P. 1268-F 11704

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11704

53-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Viola Byrd

(a) Residence: No. 1312 Argyle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

If married, widowed or divorced (or) WIFE of Clarence Byrd

DATE OF BIRTH (month, day, year) Feb. 24, 1893

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	1	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West River Md.

13. NAME Clarence Byrd Benjamin Crowner

14. BIRTHPLACE (city or town) (State or country) West River Md.

15. MAIDEN NAME Mary Jenkins

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT (Address) James Crowner 1319 Argyle Ave

BURIAL, CREMATION, OR REMOVAL Place Mt. Hope Date April 16 1935

UNDERTAKER Mrs Katie R Williams (Address) 322 E Schroeder St

FILED ..., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26- , 1935, to 4-12- , 1935.

I last saw her alive on 4-12- , 1935. Death is said to have occurred on the date stated above, at 1145 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	

Other contributory causes of importance:

Carcinomatosis - origin - undetermined

Name of operation ..... Date of .....

What test confirmed diagnosis Lab Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. K. Clarke M. D.

(Address) 1209 Pa Ave

F 11705

D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

705

159

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woman's Hospital St., 23 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Patricia Ann Cadarette

(a) Residence: No. 1333 Patapsco Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 13, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

13. NAME Raymond Arthur Cadarette

14. BIRTHPLACE (city or town) Winthrop, Me.
(State or country)

15. MAIDEN NAME Charlotte Cleary

16. BIRTHPLACE (city or town) New York City
(State or country)

INFORMANT Raymond A. Cadarette
(Address) Winthrop, Maine

BURIAL, CREMATION, OR REMOVAL
Place Carnegie Institute Date 4-15, 1935

UNDERTAKER
(Address)

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1935, to 4-14, 1935.

I last saw her alive on 4-14, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6½ mo)	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Glenn Wilson Enders, M. D.

(Address) Woman's Hospital
Baltimore, Md

F 11706

D. B. 12[illegible]

F 11706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH 1930 Wallbrook ave

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emeth M Wheatley

(a) Residence: No. 1930 Wallbrook ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin Wheatley

DATE OF BIRTH (month, day, year) April 1, 1846

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	0	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Co

13. NAME Wm Donald

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Casani

16. BIRTHPLACE (city or town) (State or country) Balto Co

INFORMANT Mr Edward S Pick

(Address) 1930 Wallbrook ave

BURIAL, CREMATION, OR REMOVAL Balto Md

Place Mount Paran Date April 17, 1933

UNDERTAKER William Cook

(Address) 1217 St Paul St

FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 15, 33

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1933 to Apr 15, 1933

I last saw h[illegible] alive on Apr 12, 1933 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ernest H Kahn M. D.

(Address) 3005 W North Ave

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 11707

93-D

Registered No. 707

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Alice Jones

(a) Residence: No. 2326 Stack St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated.

If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Jones.

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

12. NAME Benny Boyer

13. BIRTHPLACE (city or town) (State or country)

14. MAIDEN NAME Emmy Nazrod

15. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Bur.

(Address)

BURIAL, CREMATION, OR REMOVAL Place University of Md Date Oct 16 1935

UNDERTAKER

(Address)

FILED 19 Registrar

1625 1625 1625 1625 1625 1625

12 17

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1935 to 4/11, 1935

I last saw her alive on 4/11, 1935 Death is said to have occurred on the date stated above, at 5:35 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 11708

1708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 3 Ward) 107

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Bell

(a) Residence: No. 109 Back Dallas St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

If married, widowed, or divorced
(or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Dennis Carter

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriet Handy

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md Date June 16 1935

UNDERTAKER

(Address)

FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

17. DATE OF DEATH (month, day, year) April 11 1935

I HEREBY CERTIFY, That I attended deceased from March 20 1935 to April 11 1935

I last saw her alive on April 11 1935 Death is said to have occurred on the date stated above, at 2:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	March 1935
Other contributory causes of importance: Bronchopneumonia	April 1935

Name of operation Amputation Leg Date of April 1935

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant M. D.

(Address) Balto City Hosp

D. P. 1268-b

Caroline L. West. to Byerly 3345 N. North Ave

11709 HEALTH DEPARTMENT—CITY OF BALTIMORE ✓F 11709

CERTIFICATE OF DEATH

87-L

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Shirley Ave 13 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline L. West

(a) Residence: No. 2524 Shirley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank West

DATE OF BIRTH (month, day, year) July 1 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Horse wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Detroit Mich

13. NAME OF FATHER John George Hemmeberger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Sophia Thomas

16. BIRTHPLACE (city or town) (State or country) York Pa

INFORMANT Harry A Weaver
(Address) 4318 Arabi Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date April 17. 1935

UNDERTAKER John F Denny
(Address) 715 Ly ave St

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from apr 19 1934 to apr 14th 1935

I last saw h alive on apr 14 1935 Death is said to have occurred on the date stated above, at 6.P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral arteriosclerosis
Causes of Brain softening
Insanity

Date of onset

Other contributory causes of importance:

Senility

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 3043 W North Ave

D. B. 1268-9

✓ F 11710

1710 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 51-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred ... yrs. 10 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gordon Sprenkle

(a) Residence: No. 224 East Cottage Place, York St., York, Pa. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 25, 1930

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania
13. NAME Percy Eugene Sprenkle
14. BIRTHPLACE (city or town) (State or country) Pennsylvania
15. MAIDEN NAME Mary Craver
16. BIRTHPLACE (city or town) (State or country) Pennsylvania
17. INFORMANT Mrs Percy E. Sprenkle
(Address) 224 E. Cottage Place, York, Pa.
18. BURIAL, CREMATION, OR REMOVAL
Place York Pa. Date April 18, 1935
19. UNDERTAKER John C. Mitchell & Son
(Address) 149 E. Market Place
20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1935, to Apr 16, 1935.
I last saw him alive on April 16, 1935. Death is said to have occurred on the date stated above, at 6:20 A m.

The principal cause of death and related causes of importance were as follows:
Embryonal Carcinoma of kidney (Wilms Tumor)
Date of onset 14 mo.

Other contributory causes of importance:
Pulmonary metastases
Bronchopneumonia
6 mo. (1 week)

Name of operation Nephrectomy Date of 7-13-34
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Marvel S. Heckt M. D.
(Address) Union Memorial Hospital

B. D. F. 1268-9

F 11711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Hodenfyl

(a) Residence: No. Locust Valley St., Ward Long Island 44
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

BIRTH DATE (month, day, year) 2/10/60

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75		6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Housework~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year) Much

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Albert Brussen

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Charlotte Butterworth

16. BIRTHPLACE (city or town) (State or country) Friends—

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Locust Valley Cem. Date Apr 16/35
Long Island N.Y.

19. UNDERTAKER John J. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED Apr 16 1935 Huntington L.I. N.Y. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 24 1934 to Apr. 16 1935

I last saw her alive on Apr. 14 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung pleurisy & effusion	April 34 Aug 34
Other contributory causes of importance: arteriosclerosis	1920

Name of operation — Date of

What test confirmed diagnosis? X ray Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) W. Cutter M. D.

(Address) Johns Hopkins Hosp.

For.—10-1[illegible] —A Co.—100 Bks.

11772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11712

CERTIFICATE OF DEATH

178-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 4978 Denmore Ave St. 27 Ward)

2-FULL NAME John R. Hoy

(a) RESIDENCE NO. 4978 Denmore Ave St., Ward X

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed or Divorced. (write the word): Married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of: Lena R. Hoy

6 DATE OF BIRTH (month, day, and year): Sept. 4, 1898.

7 AGE: Years 36 | Months 7 | Days 11 | IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: Washington Navy Yard

9 BIRTHPLACE (city or town): Staunton
(State or country): Virginia

PARENTS

10 NAME OF FATHER: John L. Hoy

11 BIRTHPLACE OF FATHER (city or town)
(State or country): Virginia

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town)
(State or country): Unknown

14 Informant (Address): Mrs. Lena R. Hoy 290 E. Huntingdon Ave.

15 Filed [illegible], Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 16, 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest (or autopsy or inquiry) thereon and from the evidence obtained by said inquest, autopsy or inquiry find that said deceased came to death on the day stated above.
The CAUSE OF DEATH* was as follows:
Illuminating gas Poison (Accidental)
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis?
(Signed) [illegible] M. D.
4/16/35 (Address) 2632 Roland

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Staunton, Virginia — DATE OF BURIAL: April 16, 1935

20 UNDERTAKER: E. Leroy Stiffler, Inc — ADDRESS: 125 E. North Ave

D. B 1268-9

1713

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11713

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: W. Balto Work House St., 15 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas Jackson

(a) Residence: No. 1907 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male
4. Color or Race: White
5. Single, Married, Widowed or Divorced: Single

If married, widowed or divorced
HUSBAND of (or) WIFE of:

DATE OF BIRTH (month, day, year) Dec 9-1865

AGE: Years 69, Months 3, Days 26. If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Cambridge Md

13. NAME: John Jackson
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME: Sarah Raleigh
16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Dr. Geo. W. Wolff
(Address): Jackson Miss

BURIAL, CREMATION, OR REMOVAL: Apr. 17 1935
Place: Cambridge Md
UNDERTAKER: Wm. Fleckner & Sons
(Address): North & Fadues

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Last saw h... alive on ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis Myocarditis	
Uremia	

Other contributory causes of importance:

Name of operation: Regular Date of:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ..... M. D.
Coroner
(Address)

D. P. 1268-9

1714

✓ F 11714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1744 E. Eager St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Brown (Twin #2)

(a) Residence: No. 1744 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): April 12, 1935

AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.: 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME: Clifton Brown

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME: Laura Jones

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date June 16, 1935

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 12 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12 1935, to April 12 1935

I last saw him alive on April 10 1935. Death is said to have occurred on the date stated above, at 10 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/12/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W. Hancock M. D.

(Address) Johns Hopkins Hospital

1230

D. P. 1268-9

1715

F 11715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Brown (Dress 1)

(a) Residence: No. 1744 E. Eager St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 12, 1935

AGE	Years	Months	Days	If LESS than 1 day 23 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Clifton Brown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Laura Jones

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date April 16, 1935

19. UNDERTAKER

(Address)

20. FILED [illegible], 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12th, 1935 to April 13th, 1935

I last saw h— alive on April 13th, 1935. Death is said to have occurred on the date stated above, at 3.40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/12/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Strange M. D.

(Address) Johns Hopkins Hospital.

1281

H. D. B. 1268-9

✓ F 11716

1716

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Faulcon

(a) Residence: No. 913 S. Bayliss St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	19 hrs.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Cads Faulcon

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Lucille Brown

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date April 6, 1935

19. UNDERTAKER
(Address)

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1st, 1935, to April 3rd, 1935

I last saw her alive on April 3rd, 1935. Death is said to have occurred on the date stated above, at 3:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/1/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John M. Stevens Jr. M. D.

(Address) Johns Hopkins Hospital

1282 H-11

H. D. B. 1268-9

717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11717

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 S Poppleton St., 14 Ward)

Length of residence in city or town where death occurred 76 yrs. 5 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susana J Eckhardt

(a) Residence: No. 108 S Poppleton St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Eckhardt

DATE OF BIRTH (month, day, year) Nov 7th 1858

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	5	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Charles Weber

14. BIRTHPLACE (city or town) (State or country) New Orleans

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mr Louis Eckhardt

(Address) 108 S Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 4/19/35

19. UNDERTAKER John J Leonhardt

(Address) 1941 Eastern Ave

..... 19.... Registrar.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16/1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1934 to Apr 16, 1935

I last saw her alive on Mar 15, 1935. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	15 yrs
Other contributory causes of importance: Thrombus Regurgitation	2 yrs
Pulmonary Passive congestion	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Geo A Evans M. D.

(Address) 1800 W Charles St

B 1268-9

F 11718

1718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

184

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Bon Secours Hospital St. Ward)

gth of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Leo Rogers Brogan

(a) Residence: No. 1948 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) 6-27-18

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	9	18	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
7. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME John J. Brogan

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Virginia Brogan

(Address) 1948 Ft. Lafayette Ave

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 15 19 35

UNDERTAKER George A. Farley

(Address) 1700 West Lafayette Ave

Registrar.

FILED 4-15-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15-35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Inquest 6 P.M. Death is said to have occurred on the date stated above, at 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun shot wound of abdomen; perforation and congestion of liver	Apr 13 1935

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation Laparatomy Date of 4-13-35

What test confirmed diagnosis? P M. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Injury 4-13 1935
Where did injury occur? 2417 N. Fulton Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place In home
Manner of injury Accident
Nature of injury Gun shot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Griffith Y. Valentine M. D.
Coroner

(Address) 16 So. Broadway

D. B. 1268-9

11719 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11719

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Baby Boy Shantle

(a) Residence: No. 32 1/2 E Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. (Color) or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 16 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Robt Shantle

14. BIRTHPLACE (city or town) (State or country) Penna

15. MAIDEN NAME Lorraine Fuller

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Hoyt Shantle

(Address)

18. BURIAL, CREMATION OR REMOVAL

Place St Johns Cem 4/17 1935

19. UNDERTAKER Hoyt G Shantle

(Address) Hutton & Shantle

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-16-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-16-35 6.30 A.M. 19 . to . 19

I last saw him alive on . 19 . Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. Hamilton M. D.

(Address) Bon Secours Hospital

D. B. 1268-9

FRANK SAVILLE V 11720

HEALTH DEPARTMENT—CITY OF BALTIMORE

1720

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Saville

(a) Residence: No. 666 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

DATE OF BIRTH (month, day, year) 11/6/1859.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Decorator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Thomas.

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Virginia Tibbles

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Records BCH
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date April 17- 1935

UNDERTAKER Horace E. Burgee
(Address) 3631 Falls Road

FILED 19 Registrar

C 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/21 . 1934 to 4/14 . 1935

I last saw he alive on 4/14 . 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, when?

(Signed) Clarence A. Reile M. D.

(Address) Balto City Hosp

D. B. 1263-9

721

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11721

46-C

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. ..... St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Marino

(a) Residence: No. 95 S. Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 24 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy
13. NAME Salvatore Marino
14. BIRTHPLACE (city or town) (State or country) Italy
15. MAIDEN NAME Josephine Butta
16. BIRTHPLACE (city or town) (State or country) Italy
17. INFORMANT Sarah Scordo
(Address) 95 S. Robinson
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 18 1935
19. UNDERTAKER Frank V. Pepitone
(Address) 2212 E. Baltimore St
20. FILED 4-18-35, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1935 to 4-15, 1935
I last saw him alive on 4-15, 1935. Death is said to have occurred on the date stated above, at 8:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	4-14
Other contributory causes of importance:	
Carcinoma Ascending Colon	Unknown

Name of operation Entero-Enterostomy Date of 4-12
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Charles L. Goodhand M. D.
(Address) Mercy Hospital, Balto.

D. B. 1268-9

1722

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. 11722

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3117 Weaver Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Catherine Dunn

(a) Residence: No. 3117 Weaver Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 5th 1917

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	11	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME William F. Dunn

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Lillian C. Schaefer

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Mrs. Conrad Johnson

(Address) 3117 Weaver Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date 4/17/1935

19. UNDERTAKER E. J. Fanning & Son

(Address) 1438 E. Lafayette Ave.

FILED ... 19... ... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11/1931 to April 14 1931

I last saw her alive on April 14, 1935. Death is said to have occurred on the date stated above, at 4p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism;	4/7/35
Acute Acute Endocarditis	8 mos
Other contributory causes of importance:	
Acute Tonsilitis	13 yrs
Acute Rheumatic Fever	13 yrs
Endocarditis	13 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Thomas White M. D.

(Address) 532 E 22nd St.

D. B. 1268-9

V F 11723

723

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No.) 2936 Huntington St., W Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Laura L. Greely

(a) Residence: No. 2936 Huntington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Wm Greely.

DATE OF BIRTH (month, day, year) July 17 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	8	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Ann Scott

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Bell

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wm Wm Greely.

(Address) 2936 Huntington Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Cemetery Date April 18 1935

UNDERTAKER Balto Sanitary Co

(Address) 2936 Huntington Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15th 1934 to April 15th 1935

I last saw her alive on Apr. 15th 1935. Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomia Uterus	about 1 yr.
Chron. Cardiac Hypertrophy	7 mos

Other contributory causes of importance:

Exhaustion

Name of operation None Date of

What test confirmed diagnosis Physical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George W E Cross M. D.

(Address) 28 W 25th St.

Spec.—1-10-21—MAT—1500 Blks.

1724 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11724

CERTIFICATE OF DEATH.

82-a

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1031 Argyle av. ST. 17 WARD)

2-FULL NAME Amelia E. Jones

(a) RESIDENCE NO. 1031 Argyle av ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4 COLOR OR RACE: col

5 Single, Married, Widowed, or Divorced. (write the word): Married

6 If married, widowed, or divorced (HUSBAND of) (or) WIFE of: Caleb Jones

DATE OF BIRTH (month, day, and year): 1893

AGE: Years 42 Months Days

If LESS than 1 day, hrs. or min.

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Teacher p 068

(b) General nature of industry, business, or establishment in which employed (or employer): Public School

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Balto. md

10 NAME OF FATHER: Moses Lake

11 BIRTHPLACE OF FATHER (city or town) (State or country): md.

12 MAIDEN NAME OF MOTHER: Lucie Brient

13 BIRTHPLACE OF MOTHER (city or town) (State or country): md.

PARENTS

14 Informant (Address): Louise Lake 1031 Argyle av

15 Filed ..... 19 ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 4-13-1935

17 I HEREBY CERTIFY, That I attended deceased from 4-11-, 1935, to 4-13-, 1935,

that I last saw h alive on 4-13-, 1935,

and that death occurred, on the date stated above, at 8 30 p m.

The CAUSE OF DEATH* was as follows:

Cerebral apoplexy

Uremic Nephritis.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Hypertension

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) H. L. Jackson M. D.

4/15/35, 19 (Address) 626 N. Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: April 16 1935

20 UNDERTAKER: Archibald R. Gaddis

ADDRESS 2101 E Baltimore St

D. F 126 F 11725 F 11725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3124 Harview Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Young.

(a) Residence: No. 3124 Harview Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hanna Young

DATE OF BIRTH (month, day, year) September. 7. 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher Boy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME William Young

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Hanna Moore

16. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Mrs. James Mattew

(Address) 3124 Harview Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date April. 17th 35

UNDERTAKER Robert Burns & Son

(Address) Calhoun & Hollins Sts

FILED APR 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8. 1935 to April 15. 1935

I last saw h alive on April 15. 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Sclerosis	8Y.
Gangrene Left foot	5Y.
Myocarditis (Decompensated)	8Y.
Uraemia	3D.
Bronchs. Pneumonia	3D
Other contributory causes of importance: Chronic Interstitial Nephritis	8Y

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Thos. F A Stearns M. D.

(Address) 2878 Hargrove Rd

D. B. 1268

F 11726

F 11726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 5ft yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Luther Stewart

(a) Residence: No. 612 Baker St St., Ward. X (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/8/80

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	10	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

12. NAME Edward Stewart Pa -

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ora McCoy

16. BIRTHPLACE (city or town) (State or country) Va -

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/15 1933

UNDERTAKER Thomas E. Kelson
(Address) 1303 Druid Park Dr

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 11 1933 to Apr. 15 1933

I last saw him alive on Apr. 15 1933 Death is said to have occurred on the date stated above, at 7.55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis	Apr 15/33
Uremia	Apr 14/33

Other contributory causes of importance: none

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. C. Hagerty Jr. M. D.

(Address) Johns Hopkins Hospital

F 11727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11727

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie B Barnes

(a) Residence: No. 526 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50		-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie Norris

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosie Smith

(Address) 526 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cemetery Date 4/17 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Freestman St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-13- 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-25 1935 to 4-13 1935

I last saw her alive on 4-13 1935 Death is said to have occurred on the date stated above, at 7:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Pneumonia Lobar Pneumonia~~	
Probable Ruptured Stomach	
Other contributory causes of importance:	
Carcinoma of stomach and esophagus (pylorus)	3-1-34

Name of operation None Date of No

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. McConnell M. D.

(Address) Provident Hospital

D. P. 1268-9

F 11728

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11728

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 7 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Campbell

(a) Residence: No. 835 Rutland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Campbell

6. DATE OF BIRTH (month, day, year) June 15, 1866.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ~~56~~	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Adam Campbell.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Francis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson's Sem Date 4-18-, 1935

19. UNDERTAKER Byron & Jamie W. Wright
(Address) 218 McElderry St

20. FILED 4-15, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/28, 1935, to 4/13, 1935

I last saw h alive on 4/13, 1935. Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	15 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

D. B 1268-0

11729 F 11729

11729 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 602 N. Eden Bethel St., 7 Ward)

gth of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Georgia Johnson

(a) Residence: No. 602 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward

ATE OF BIRTH (month, day, year) 1877

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58 57			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Long Green, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Eliza Woods

16. BIRTHPLACE (city or town) (State or country) Long Green, Md.

INFORMANT Martha Hinton

(Address) 311 Lenox Ave Towson Md

BURIAL, CREMATION, OR REMOVAL

Place Pleasant Prat Cem Towson Md Date 7-17-, 1933

UNDERTAKER Dysont & Marie E. Wright

(Address) 218 Bo Calder St

FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 16/33, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	

Other contributory causes of importance:

Pulmonary Tuberculosis	
(Diag. of Hopkins)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Gaines, M. D.
Coroner

(Address) 508 E. Fayette

T 11730

B. No. 11730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1131

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1703 Harlem ave 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME John William Norris

(a) Residence: No. 1703 Harlem ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	1. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

If married, widowed, or divorced, HUSBAND of ~~WIFE of~~ Emma Louise Norris

6. DATE OF BIRTH (month, day, year) Aug 8 1842

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	92	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M.E. 2016

10. Date deceased last worked at this occupation (month and year) May 34 | 11. Total time (years) spent in this occupation 52

12. BIRTHPLACE (city or town) (State or country) Carlyle Pennsylvania

13. NAME Holmes Norris

14. BIRTHPLACE (city or town) (State or country) Carlyle Pa

15. MAIDEN NAME Mary .....

16. BIRTHPLACE (city or town) (State or country) Carlyle Pa

17. INFORMANT Edith H. Savage

(Address) 1703 Harlem

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4-18, 1935

UNDERTAKER Arthur & Marie W. Wright

(Address) 1 E. Lanvale & Liberty St

FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1934 to Apr 14, 1935

I last saw him alive on Apr 13, 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Chronic myocarditis	Chronic
(b) Chronic nephritis	Chronic

Other contributory causes of importance:

Name of operation None + + + Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. Francis Lee M. D.

(Address) 1722 Lee

D. B. 1268-9

F 11731

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11731

CERTIFICATE OF DEATH

V 131

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1037 Rutland ave ~~St.~~ 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Thomas S. La Compte

(a) Residence: No. 1037 Rutland ave ~~St.~~ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cordelia La Compte

DATE OF BIRTH (month, day, year) Apr 3 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	—	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME George La Compte

14. BIRTHPLACE (city or town) Cambridge (State or country) Md

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Cordelia La Compte

(Address) 1037 Rutland ave

BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date April 17 1935

UNDERTAKER Robt. F. Kirkham

(Address) 1515 McCulloh St

FILED 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-12-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-20-, 1935, to 4-12-, 1935.

I last saw h— alive on 4-11-, 1935. Death is said to have occurred on the date stated above, at 1045 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Valvulitis	
Other contributory causes of importance: Generalized Nephritis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 611 N. Eden St

D. B 1268-9

F 11732

HEALTH DEPARTMENT—CITY OF BALTIMORE

11732

CERTIFICATE OF DEATH

34-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Howard

(a) Residence: No. 2133 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ???

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Alva Howard

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Hester ?????

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Va

Place Gloucester Co Date 4-17-35

19. UNDERTAKER Robert M. Williams

(Address) 1515 N. Eden St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 10.40 P?M?

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphillitic Meningitis	? ?

Other contributory causes of importance:

Name of operation Spinal Puncture Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Mc Cormick, M. D. Coroner

(Address) 501 E Saratoga St

D. B. 1268-2

7333 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 11733

CERTIFICATE OF DEATH

√ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 7231 Spring St. 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. 2 mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Emma Hitchens

(a) Residence: No. 7231 Spring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2-9-1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Hitchens

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Pearl Gilland

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Pearl Hitchens

(Address) 7231 Spring St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4-19- , 1935

19. UNDERTAKER Bryan Hamel & Wright

(Address) 218 McElderry St

20. FILED , 193 Registrar

APR 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-15- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21/35 to 4-15- , 35

I last saw h alive on 4-15- , 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Pleurisy & T. B. Miliary

Date of onset
3/1/35
abt

Other contributory causes of importance: Acute Bronchitis

Name of operation none Date of

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. R. Blake M. D.

(Address) 924 Fayette St

D. B. 1268-9

F 11734

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11734

CERTIFICATE OF DEATH

161-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilhelmina Caulk

(a) Residence: No. 742 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 5, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William K. Caulk

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

15. MAIDEN NAME Bernice Fowler

16. BIRTHPLACE (city or town) (State or country) S Carolina

INFORMANT Wm. William K. Caulk

(Address) 742 W. Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date April 17, 1935

UNDERTAKER Edward R. Conkey

(Address) 524 Eutaw St.

FILED [illegible], 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to April 16, 1935

I last saw her alive on April 16, 1935 Death is said to have occurred on the date stated above, at 10:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonic Stenosis	3/26/35
Bronchitis	4/6/35
Other contributory causes of importance: Repeated Convulsions	4/10/35

Name of operation None Date of —

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Charles L. Jordland M. D.

(Address) University Hospital, Balto

B 1268-9

F 11735

F 11735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Wellesley Ave St., 20 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William F. Tuffle

(a) Residence: No. 603 Wellesley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed or divorced
HUSBAND of (or) WIFE of Lula Tuffle

DATE OF BIRTH (month, day, year) Nov. 8-1872.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

13. NAME Philip Tuffle

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

15. MAIDEN NAME Barbara Swartzbaugh

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Maryland

INFORMANT William Tuffle, Jr.
(Address) 603 Wellesley St.

BURIAL, CREMATION, OR REMOVAL
Place London Park. Date April 18- 1935

UNDERTAKER Charles J. Schwalz
(Address) 505 N. Monroe St.

FILED APR 17 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on January 19 35 Death is said to have occurred on the date stated above, at 7.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 15 1935

Other contributory causes of importance:

arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If s... specify ...

(Signed) Joseph L. Yobst M. D. Coroner

(Address) 16 Lovell Broadway

F 11736

F 11736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. 1

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2231 E. Praat Street St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank Brukiown

(a) Residence: No. 2231 E. Pratt Street St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 26 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	17 20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael Brukiwa

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Genevieve Gos

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Genevieve Brukiewa

(Address) 2231 E. Pratt Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date April 17 1935

UNDERTAKER John M. Weber

(Address) 401 S. Chester St

FILED April 19 1935 Harry Feldmann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935 to April 16 1935

I last saw her alive on April 16 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	April 12 35
Cardiac paralysis	April 15 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William Ryan M. D.

(Address) 801 Harlwood

F 11737

F 11737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

X 81 ✓

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Hernans Hospital

CITY OF BALTIMORE: (No. Frederick Ave + Winston Mobl. Rd WARD)

2-FULL NAME Edgar Shipley Warfield

(a) RESIDENCE NO. Harmans Md ST:. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Feb. 5th 1925

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	10	2	11	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (City or town) (State or country) Harmans Md Anne Arundle

10 NAME OF FATHER Edgar Sanders Warfield

11 BIRTHPLACE OF FATHER (city or town) Severn Md (State or country) Anne Arundle

12 MAIDEN NAME OF MOTHER Virgie Shipley

13 BIRTHPLACE OF MOTHER (city or town) Harmans Md (State or country) Anne Arundle

14 Informant (Address) Foster — Harmans Md

15 Filed ..., 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 16 1935

17 I HEREBY CERTIFY, That I attended deceased from Dec. 3 1934 to April 16 1935.

that I last saw him alive on April 16 1935.

and that death occurred, on the date stated above, at 8 40 p.m.

The CAUSE OF DEATH* was as follows:

Circulatory Collapse following Hibbs Spinal fusion,

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Paleomyelitis

(duration) 5 yrs. mos ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? yes date of April 16th.

Was there an autopsy? no

What test confirmed diagnosis? none

(Signed) J. L. Brown, M. D.

, 19 (Address) Hernans Hospital

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Friendship Cem. A.A. Co. | DATE OF BURIAL April 18 1935

20 UNDERTAKER Wm. Fleckner Sons | ADDRESS Rockville

D. P. 126 F 11738 Herdman F 11738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. dy.

2. FULL NAME John Sterdman Sr.

(a) Residence: No. 623 E. 36th St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Jena Sterdman

6. DATE OF BIRTH (month, day, year): Aug 2 - 1856

AGE: Years 79 | Months 8 | Days 13 | If LESS than 1 day, hrs. or min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Scotland

12. NAME of father: Michael Sterdman

13. BIRTHPLACE (city or town) (State or country): Scotland

14. MAIDEN NAME of mother: Guthrie Young

15. BIRTHPLACE (city or town) (State or country): Scotland

16. INFORMANT: Mrs. John Sterdman Jr.

(Address): 623 E. 36th St.

17. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: April 19 '35

18. UNDERTAKER: Wm. H. Eidenton

(Address): 2326 Aisquith St.

19. FILED: [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 15, 1935

I last saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 11P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	4-1
Other contributory causes of importance:	
Hypostatic Pneumonia	4-13

Name of operation: Cholecystectomy Date of: April 10 '35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John V. Bagnaby M. D.

(Address) Maryland General Hosp.

D. P. 1268-9

11739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Dr Ireland Poplar Grove St near Riggs

F 11739

93-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 Poplar Grove St. Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Ann Harris

(a) Residence: No. 1316 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~, widowed, ~~or divorced~~ (or) WIFE of John E. Harris

DATE OF BIRTH (month, day, year) April 11th 1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	0	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Wigton England

13. NAME John Telford

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Moffat

16. BIRTHPLACE (city or town) (State or country) England

INFORMANT John E. Harris

(Address) 1316 Poplar Grove St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date April 18th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Registrar.

1025

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to Apr 15, 1935

I last saw her alive on Apr 12, 1935 Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, Acute Dilatation of heart	
General Arterio Sclerosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Phys Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) John T. Ireland M. D.

(Address) 1219 Poplar Grove

D. P. 1269-9

F 11740

1740 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 71 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Denny.

(a) Residence: No. 1122 Sargent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Separated.

If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth

DATE OF BIRTH (month, day, year) 2/22/1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Eliz Hubbard.

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Bc #.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University ? Date April ? 1935

UNDERTAKER
(Address)

FILED 19 Registrar.

F 1935

1285

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935 to 4/13, 1935

I last saw him alive on 4/13, 1935 Death is said to have occurred on the date stated above, at 1 ~~P~~ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	today

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Betts M. D.

(Address) Balto City Hosp.

B. B. 1268-9

F 11741

11741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mary Hubble

(a) Residence: No. Harrisonville Md. St., ... Ward. Ned
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Thomas R Hubble

DATE OF BIRTH (month, day, year) July 10 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0029

9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Stanford
(State or country) Kentucky

12. NAME Link Head

13. BIRTHPLACE (city or town) Virginia
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs J. J. Champion

(Address) 1201 Maryland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 19 1935

19. UNDERTAKER Albert W Berezny

(Address) 4424 Harford Ave.

FILED ... 1935 ... Registrar. 1178

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11 1935 to April 16 1935

I last saw her alive on April 11 1935. Death is said to have occurred on the date stated above, at 11:33 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis - superimposed on pelvic carcinoma (ovary)	

Other contributory causes of importance:

Name of operation Laparatomy Date of 4/13/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Arthur Bopstein Jr M. D.

(Address) Womans Hospital

D. B. 1268-9

V F 11742

11742 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 93c

PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 30 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Betty Beverley

(a) Residence: No. 2513 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Eugene Beverley

DATE OF BIRTH (month, day, year) Feb. 1, 1864 Feb 9, 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Practical Nurse

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year) 3 | 11. Total time (years) spent in this occupation ?

9. BIRTHPLACE (city or town) (State or country) Carroll County Md.

13. NAME OF FATHER John Bond Md

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Harriett Brown

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hampden Date April 19, 1935

19. UNDERTAKER Thos. Gowdy & Son
(Address) 3615 Eastern Ave

20. FILED April 19, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

I HEREBY CERTIFY, That I attended deceased from March 8, 1935 to April 16, 1935

I last saw her alive on April 16, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary - Arteriosclerosis	5 years
Right lower leg gangrene	4 months

Other contributory causes of importance: Arteriosclerotic Heart Disease with failure

Name of operation Amputation leg (R) Date of 4/6/35

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Gayet M. D.

(Address) Balto City Hospitals

11743

✓F 11743

HEALTH DEPARTMENT—CITY OF BALTIMORE

53-D

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712 W 36th St. St. 13 Ward)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie V. Foliver

(a) Residence: No. 712 W 36th St St., Ward. Norfolk Va

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow.

If married, widowed or divorced WIFE of (or) HUSBAND of Charles S. Foliver.

6. DATE OF BIRTH (month, day, year) May 6, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME William S. Eaton

14. BIRTHPLACE (city or town) (State or country) Boston, Mass.

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Lottie M. Barker

(Address) 864 W 36th St. Norfolk Va

BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date April 19, 1935

UNDERTAKER Chenowith & Son

(Address) 345-17 Chestnut Ave

FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1935 to April 16, 1935

I last saw h CY alive on April 16, 1935 Death is said to have occurred on the date stated above, at 5 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma Clavicle And Humerus	M34
Other contributory causes of importance: Abdominal metastasis especially Hepatic	[illegible] 1935

Name of operation Amputation Humerus Date of 4/4/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... M. D.

(Address) 848 W 36th St

O. H. 1268-9

F 11744

11744 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Calhoun 19 Ward)

(a) Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Dennis Parker

(a) Residence: No. 422 Calhoun St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, ~~widowed or divorced~~ (or) WIFE of Dennis Parker

DATE OF BIRTH (month, day, year)			
AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	—	—	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Longshoreman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Docks

9. Date deceased last worked at this occupation (month and year) 1937

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME William Stansbury

13. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Sophia Perry

16. BIRTHPLACE (city or town) (State or country) Cambridge Md

INFORMANT Dennis Parker

(Address) 422 Calhoun St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr. 18, 1935

UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1934 to Apr 15, 1935

I last saw h[illegible] alive on Apr 14, 1935 Death is said to have occurred on the date stated above, at 4:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Nephritis	
Other contributory causes of importance:	

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm E Wagner M.D.

(Address) 627 Edmondson

D. P. 1269-9

✓ F 11745

745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 18 Ward)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James S. Hackett

(a) Residence: No. 923 W. Lexington St., Balto. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

If married, widowed, or divorced
HUSBAND of (or WIFE of) Ethel Hazel Hackett

6. DATE OF BIRTH (month, day, year) September 20, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 0086

10. Date deceased last worked at this occupation (month and year) 2-10-34

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

13. NAME Ed Hackett

14. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

15. MAIDEN NAME Priscilla ?

16. BIRTHPLACE (city or town) (State or country) Dorchester Co., Md.

17. INFORMANT U.S. Marine Hospital Records

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 14, 35

19. UNDERTAKER Mr. Kate R. Williams

(Address) 322 E. Lexington St.

20. FILED APR 17 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935, to April 15, 1935

I last saw him alive on April 15, 1935 Death is said to have occurred on the date stated above, at 7:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, acute miliary, bilateral	unknown
Myocarditis, chronic with congestive failure	unknown
Arteriosclerosis, generalized	unknown

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis Lab. x-ray & autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) [illegible] M. D.

(Address) U.S. Marine Hospital, Balto. Md.

D. P. 1268-9

✓ F 11746

11746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Wheelton (Wheeler)

(a) Residence: No. 718 Pierce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Wheelton

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 486

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs Magdalene Burrell

(Address) 718 Pierce St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date Apr 18, 1935

UNDERTAKER Mrs Katie R. Williams

(Address) 322 N Schroeder St

FILED 4-19-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-14 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-7 , 1935 , to 4-14 , 1935

I last saw h[illegible] alive on 4-14 1935 Death is said to have occurred on the date stated above, at 6 3/4 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	3-28-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Calvin B. McComptl M. D.

(Address) Provident Hosp.

B. B. 1268-9

747

F 11747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 17 Ward 46-B

Length of residence in city (or town) where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles Williams

(a) Residence: No. 714 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucille Williams

6. DATE OF BIRTH (month, day, year) Aug 6, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Georgia

13. NAME OF FATHER Lemus Williams

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME OF MOTHER Alley Grey

16. BIRTHPLACE (city or town) (State or country) Georgia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date Apr. 18, 1935

19. UNDERTAKER Mrs Estes R. Williams
(Address) 322 E. Lanvale St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to April 10 1935

I last saw him alive on April 10 1935 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	4/10/35
b	
c	
d	

Other contributory causes of importance Insufficiency of Stomach (B) (R)

Name of operation None Date of ....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Post M. D.

(Address) Balto City Hosp.

✓ F 11748

H. P. 1269-9

748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8'2-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 225 N. Arlington Ave. Ward 18)

Length of residence in city or town where death occurred 7 yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eli. Redmond

(a) Residence: No. 225 N. Arlington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	Married

If married, widowed or divorced
HUSBAND of (or) WIFE of Lizzie Redmond

6. DATE OF BIRTH (month, day, year) Feb 16 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stevedore on Ships
10. Date deceased last worked at this occupation (month, day, year) April 13 35 11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Va
13. NAME OF FATHER Willis Redmond
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME OF MOTHER Henrietta
16. BIRTHPLACE (city or town) (State or country) Va
17. INFORMANT Catherine Carter (Sister)
(Address) 225 N. Arlington Ave
18. BURIAL, CREMATION, OR REMOVAL Apr 18, 1935
Place Mt. Auburn Date
19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St.
20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14th 35

22. I HEREBY CERTIFY, That I attended deceased from April 13th 35 to April 14th 35
I last saw him alive on April 14 35 Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 35

Other contributory causes of importance:
Unknown

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) S. E. Grayson M. D.
(Address) 622 N. Arlington Ave

D. B. 1269-9

F 11749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

(749) 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1220 E. Fayette St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Bertha Winsey

(a) Residence: No. 1220 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) ? 1855 ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	?	?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

8. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto. Md.

12. NAME Winfield Winsey

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Anastasia Lake

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Mrs. Paul A. Fesler
(Address) St. Louis, Mo.

BURIAL, CREMATION, OR REMOVAL
Place Cem. Date Apr. 17, 19 35

UNDERTAKER C. Sage Et. Sons
(Address) 1211 Druid Hill Ave.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April - 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept - 10, 1934 to April - 15, 1935

I last saw her alive on April - 15, 1935 Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	Chronic
Cause unknown	
Cerebral apoplexy. (1 day)	

Other contributory causes of importance:

Name of operation Uremia +++ Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan'l Drucker M. D.

(Address) 1211 W Lee

D. P. 1208-9

F 11750

750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Andrew Gentry

(a) Residence: No. Baldwin, Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Mrs J. A. Gentry

6. DATE OF BIRTH (month, day, year) Dec. 25, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	3	23 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) Mar. 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME James Gentry

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Mary Alice Yates

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT (Address) Mrs James Gentry Baldwin Md.

BURIAL, CREMATION, OR REMOVAL

Place Upper Beaver Dam Cem. Date April 19, 1935

UNDERTAKER Clarence E. Miller (Address) Cockeysville Md.

1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 29, 1935, to April 17, 1935

I last saw him alive on April 17, 1935. Death is said to have occurred on the date stated above, at 7 55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malta Fever	Sept. 1934
Thrombophlebitis, left leg	3/23/35
Pulmonary Embolism	4/17/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Agglutination Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Patient a farmer and apparently contracted Malta Fever from cow

(Signed) Robert W. Gans, M. D.

(Address) Union Memorial Hosp.

B 1268-9

V F 11751

751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1203 Dukeland St., 16 Ward)

gth of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Walter Grafee Gunson

(a) Residence: No. 1203 Dukeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married.

If married, widowed, or divorced HUSBAND of ~~[illegible]~~ Beulah Gunson

DATE OF BIRTH (month, day, year) Aug. 20, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	7	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. News reporter & copy

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Industrial news.

9. Date deceased last worked at this occupation (month and year) April 5 1935

11. Total time (years) spent in this occupation 25 yrs

10. BIRTHPLACE (city or town) (State or country) Philadelphia Pa

13. NAME George Gunson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Ellen Goulee.

16. BIRTHPLACE (city or town) (State or country) Smyrna Tributaries.

INFORMANT Mrs Beulah Gunson

(Address) 1203 Dukeland St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date April 18 35

UNDERTAKER J. Wm Willett

(Address) 3308 Gilmore

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 16, 1935

I last saw h~~im~~ alive on April 15, 1935 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	April 6

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Willett Stewart, M. D.

(Address) 1708 E. 26th St.

D. P. 1268-9

F 11752

11752 HEALTH DEPARTMENT—CITY OF BALTIMORE

Red

CERTIFICATE OF DEATH

157-D

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 5 St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sylvan Weinstein

(a) Residence: No. 1257 E. Lexington St. Ward. 0

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 8, 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Samuel Weinstein

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Fanny Rasch

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Shaw Cemetery Date 4-17- 1935

19. UNDERTAKER Wm Levin Inc

(Address) 1739 E. Balto. St.

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 17 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1935 to April 17, 1935

I last saw him alive on April 17, 1935 Death is said to have occurred on the date stated above, at p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eventration of diaphragm	
Pneumonia Bronchs	3-15-35
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? X Ray. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

D. H. 1208-9

(Mary Arnold) ✓ F 11753

HEALTH DEPARTMENT—CITY OF BALTIMORE

1753

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Baltimore City Hospitals

CITY OF BALTIMORE: (No. ..... St., 21 Ward) 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME — Mary Arnold

(a) Residence: No. 139 McComas ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX — female

4. Color or race — White

5. Single, Married, Widowed, Divorced (write the word) — widowed

If married, widowed, or divorced — (or) WIFE of — W. J. Arnold

DATE OF BIRTH (month, day, year) — Jan. 11 1885

AGE — Years: 50 — Months: 3 — Days: 15 — If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Home

10. Date deceased last worked at this occupation (month and year) — 37

11. Total time (years) spent in this occupation — Life

12. BIRTHPLACE (city or town) (State or country) — Balto. Md.

13. NAME — Henry Mason

14. BIRTHPLACE (city or town) (State or country) — Md.

15. MAIDEN NAME — Mary Mooney

16. BIRTHPLACE (city or town) (State or country) — Md

INFORMANT (Address) — Hospital Records

BURIAL, CREMATION, OR REMOVAL — Place Western — Date Apr 18, 1935

UNDERTAKER — Jno. & Jno. W. Pentz & Son

(Address) 501 W. Fayette St.

FILED — 1935 — Registrar

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) — April 16, 35

22. I HEREBY CERTIFY, That I attended deceased from April 9, 35 to April 16, 35

I last saw her alive on April 15 35 Death is said to have occurred on the date stated above, at 12:05 a.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Cervix — Date of onset ?

Other contributory causes of importance: — Bronchopneumonia — 4-10-35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel Hyatt M. D.

(Address) Balto City Hosps.

D. P. 1268-9

F 11754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. 4 ds.

2. FULL NAME Lillian Conner

(a) Residence: No. 470 Main St. St., Ward. Pittsburg - Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 8/22/11

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23		24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

9. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) - Pa -

13. NAME Louis Lutzen Pa.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eliz - Richards Pa -

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Kennedy -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Place Pittsburgh Pa Date April 17 1935

UNDERTAKER John E. Miller
(Address) 2435 E. Ohio St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to April 14, 1935

I last saw her alive on April 11, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor, malignant	March 1934
Other contributory causes of importance:	

Name of operation Rt. craniotomy Date of 4/12/35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

Co. 5-B-250B F 11755

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11755

CERTIFICATE OF DEATH

1228

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Franklin Square Hosp 13 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Florence G. Freeman (Illegible George Freeman)

(a) Residence: No. 2126 Woodbury Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 13 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Baltimore
(State or country) Md.

13. NAME Wilbur George

14. BIRTHPLACE (city or town) Baltimore
(State or country) Md

15. MAIDEN NAME Emma Hamilton

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

INFORMANT Mrs May George
(Address) 1711 N Collington Ave

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date April 19 1935

UNDERTAKER J M Eyth
(Address) 1211 E Fayette St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from October, 1934, to April 17, 1935

I last saw her alive on April 17, 1935 death is said to have occurred on the date stated above, at 6:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic kidney - left Hydronephrosis	9-34
Other contributory causes of importance: Partial intestinal obstruction	4-35

Name of operation Resection of bowel Date of 4-15-35

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J Owen Mooney, M. D.
(Address) Franklin Sq Hosp.

D. P. 1268-9 F 11756 F 11756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 N Augusta St., 5 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfonso Mirondo

(a) Residence: No. 110 N Augusta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Giuseppa Mirondo

6. DATE OF BIRTH (month, day, year) Oct 11 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	78	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Print Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Job Print

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs. Alfonso Mirondo

(Address) 110 N Augusta St

BURIAL, CREMATION, OR REMOVAL

Place Union Date 4-18 1935

UNDERTAKER Wm Cook

(Address) 1492 Edmondson Ave

4113 D ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20th 1934 to April 16th 1935

I last saw him alive on April 16th 1935 Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic Nephritis	
Auricular Fibrillation	
Possible Malignancy of stomach	
Probable	April
Other contributory causes of importance:	
Chronic Bronchitis	

Name of operation — Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury —

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry A. Friz M. D.

(Address) 126 Augusta St

D. B. F 11757 ✓ F 11757

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1609 N. Port St., 8 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ulysses S. Council

(a) Residence: No. 1609 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of ~~late wife of~~ Dora Council

6. DATE OF BIRTH (month, day, year) Sept 7th 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as saw mill, bank, etc. Bartlett Hayward Co

10. Date deceased last worked at this occupation (month, year) April 1935

11. Total time (years) spent in this occupation 7

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Vaners E. Council

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Keerah Butler

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Dora D. Council

(Address) 1609 N. Port St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 18th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19— ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13. 35. to April 15 35

I last saw him alive on April 13 19 35 Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	many years
Chronic Bronchitis	
Pulmonary Emphysema	
Chronic Myocarditis	
Other contributory causes of importance:	
Acute Pulmonary Oedema	4 hours

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Victor Goldberg, M. D.

(Address) 1524 N. Patterson Park Ave

D. B. Rec-9 F 11758 ✓ F 11758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 458 E. Cross St., 7th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Cooke

(a) Residence: No. 458 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: James J Cooke

6. DATE OF BIRTH (month, day, year): Aug 4 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	8	12	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Balto Md

12. NAME: Cris Muthenrich

13. BIRTHPLACE (city or town) (State or country): Germany

14. MAIDEN NAME: Elizabeth Frause

15. BIRTHPLACE (city or town) (State or country): Germany

16. INFORMANT: James J Cooke

(Address): 458 E Cross St

17. BURIAL, CREMATION, OR REMOVAL

Place: Moreland Park Date: 4/19, 1935

18. UNDERTAKER: William Coyle

(Address): 219 St. Paul St.

19. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year): April 16, 1935 11 AM

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to April 16, 1935

I last saw her alive on April 15, 1935. Death is said to have occurred on the date stated above, at 11-A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 2, 1935

Other contributory causes of importance:

Cardiac Fibrilation	apr 13 1935
Pulmonary Oedema	

Name of operation: not any Date of: —

What test confirmed diagnosis: Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify:

(Signed) W. F. Buxton, M. D.

(Address) 301 E Cross St

D. P. 1259 F 11759 ✓ F 11759

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles (Braun) Holt.

(a) Residence: No. 1304 Stockton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/15/1907.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
27 28.	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. cond
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Dolan Braun. Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Marina Harris? Md.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rhoda Bell (mother) Morganza Mills, Md.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date 4/18 19 35

19. UNDERTAKER Thomas E. Pelsan
(Address) 1363 Presstman St.

20. FILED 4/18 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1935 to 4/15 1935
I last saw h[illegible] alive on 4/15 1935 Death is said to have occurred on the date stated above, at 11.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia.	8 days
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. B. 126 F 11760 ✓ F 11760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1808-Harford Ave. St., ? Ward)

gth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

FULL NAME FEODOR OEHRING

(a) Residence: No. 1808-Harford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Selma Oehring (Nauman)

DATE OF BIRTH (month, day, year) 9/4/1851

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	7	13	xxxxxx

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christian Oehring

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ida. ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Selma Oehring

(Address) 1808-Harford Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 4/20/35 19

UNDERTAKER

(Address) 1735-Harford Ave.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) apr 17 , 1935

22. I HEREBY CERTIFY, That I attended deceased from apr 4 , 1935, to apr 17 , 1935.

I last saw h/sh alive on apr 17 , 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation — Date of onset apr 17/35

Other contributory causes of importance:

Carcinoma of Prostate gland — apr 9/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John W Sanderson M. D.

(Address) 1214 N. Carolina Av

B 1268-0

11761

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11761

CERTIFICATE OF DEATH

107-a

Registered No. .....

PLACE OF DEATH
Y OF BALTIMORE (No. Provident Hosp St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marie Beckett

(a) Residence: 2326 Penna Ave St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nd	Col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Dec 8-1934

E Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore Md

. NAME Earl Beckett

. BIRTHPLACE (city or town) (State or country) Phila Pa

. MAIDEN NAME Maria Blake

. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Marie Blake

(Address) 2326 Penna Ave

URIAL, CREMATION, OR REMOVAL

Place Mt Lion Cem Date 4/17 1935

NDERTAKER Charles H Burkett

(Address) 2328 Lanvale St

ILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 to . 19

I last saw h alive on Surgery death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Bronchial Pneumonia	

Other contributory causes of importance:

None

Name of operation Regulus Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H H Burk M. D.
Coroner

(Address) Bromo

D. B. 1268-9 F 11762 ✓ F 11762

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 115-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 10-3 Ward)
Length of residence in city or town where death occurred yrs. 1 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caleb Hodge X

(a) Residence: No. 954 Forest St., Ward. Washington Co
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	Colored	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm Hand
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT P. O. Richardson
(Address) 1003 Vermont Ave Wash D. C.
18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem Date Mar 3 1935
19. UNDERTAKER Lord & Sons
(Address) 38 N. Eutaw

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) March 17 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to Apr. 16 1935
I last saw him alive on Apr. 16 1935. Death is said to have occurred on the date stated above, at 12.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Lobaris	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) John F. Aubrey M. D.
(Address) 606 Annesley Road

D. P. 1268-9

F 11763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto. City Hospital - Tuberculosis DIVISION Registered No. F 11763

CITY OF BALTIMORE: (No. 8 St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Hudgins Meyers

(a) Residence: No. 1526 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. Meyers

DATE OF BIRTH (month, day, year) 10-30-86

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Unknown. 11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas Hudgins

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Catherine Brandeau

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cemetery Date Apr. 20, 1935

UNDERTAKER Henry Heck & Sons Inc
(Address) 1301 E. Eager St.

FILED APR 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1935, to Apr. 17, 1935.

I last saw her alive on Apr. 17, 1935. Death is said to have occurred on the date stated above, at 2.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1½ yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacoxon, M. D.

(Address) Balto. City Hospital

D. F. 1265-9

F 11764

1176-F

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-a — 149a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Hosp. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Stickler

(a) Residence: No. 2222 E. Hennman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed or divorced: HUSBAND of (or) WIFE of: Leroy Stickler

DATE OF BIRTH (month, day, year): Dec 22-1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME of father: Charles W. Simmons

14. BIRTHPLACE (city or town) (State or country): Portland Oregon

15. MAIDEN NAME of mother: Francis Lauver

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT (Address): Leroy Stickler 2222 Hennman Ave

BURIAL, CREMATION, OR REMOVAL: Place: Oak Lawn Date: April 19th 1935

UNDERTAKER (Address): Leo G. Leoby 1703 N. Bath Park Ave.

FILED: 4-20-35 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 16 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-14-35 1935 to 4-16 1935

I last saw he alive on 4-16 1935 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Placenta praevia	4/35
Cesarean Operation	
Other contributory causes of importance:	
Circulatory Collapse	4/35

Name of operation: Cesarean Date of: 4/14/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton J. Stern M. D.

(Address) St. Balto Hosp.

F 11765

D. B. 1239-9

F 11765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George C. Dow

(a) Residence: No. 814 Thayer Ave., Silver Spring, St., Ward.
(Usual place of abode) Maryland. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	separated

If married, widowed, or divorced
HUSBAND of ~~wife of~~ Jennie Lauritzen Dow

6. DATE OF BIRTH (month, day, year) October 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 3rd Officer & Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-10-1934

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Deer Isle Maine

13. NAME Dudley H. Dow

14. BIRTHPLACE (city or town) (State or country) Deer Isle Maine

15. MAIDEN NAME Katherine Hoshell

16. BIRTHPLACE (city or town) (State or country) Deer Isle Maine

17. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place St. Mary's Cemetery Date April 18, 1935

19. UNDERTAKER Leroy Stubbs & Son
(Address) 350 E. Monument St.

20. FILED April 18, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935 to April 15, 1935

I last saw him alive on April 15, 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic, with congestive failure	1934 ?
Hypertension, artery	unknown

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) E. L. Ceder, M. D.

(Address) U. S. Marine Hospital, Balto. Md.

B 12000 F 11766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11766

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2516 Greenmount Ave., 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Irvin Ruff Baker

(a) Residence: No. 2516 Greenmount Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
WIFE of (or) HUSBAND of Rose Baker

6. DATE OF BIRTH (month, day, year) June 6, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Winifred W. Baker

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME OF MOTHER Brigid McCarthy

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rose Baker
(Address) 2516 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 19, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E North Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John J. Mooney, M. D.
Coroner

(Address) 3632 Roland Ave

4/17/35

F 11767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11767

Registered No. 78

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 Carrollton Ave Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Brown

(a) Residence: No. 602 N. Carrollton Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23 1927

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. (Pre)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Rufus Brown

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mollie Brooks

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mallie Brown

(Address) 602 Carrollton ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date April 18, 1935

UNDERTAKER Joseph A Lively

(Address) 769 W. Mount street

FILED ..... 19.... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935 to April 16, 1935

I last saw her alive on April 16, 1935 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever — Date of onset 4/11/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward C. Brand M. D.

(Address) City Hospitals

D. B. 1268-0

Dr Goldberg Peterson 1st Ave

HEALTH DEPARTMENT—CITY OF BALTIMORE

1768 CERTIFICATE OF DEATH ✓ 131 1768

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2236 E. Hoffman St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Conway

(a) Residence: No. 2236 E Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 7, 1848

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 2000

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Laurence Conway

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Brigid Tracey

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Jennie Shuler

(Address) 2236 E Hoffman

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date April 19, 1935

UNDERTAKER Frank V Pistone.

(Address) 2818 E Baltimore

FILED , 19 Registrar.

APR 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1935, to April 17, 1935.

I last saw her alive on April 17, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Victor Goldberg M. D.

(Address) 1527 N. Patterson Park Ave

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

11769 — T 11769 — 130

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Bon Secour Hospt.

CITY OF BALTIMORE: (No. Fayette & Pulaski Sts., 70 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 21 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Charles H. Pasco

(a) Residence: No. 845 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widower

If married, widowed, or divorced: (or) WIFE of late Fannie Pasco

DATE OF BIRTH (month, day, year): March 27th 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	0	21 30	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk 0609

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Net & Twine

11. Total time (years) spent in this occupation.

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country): Baltimore Md.

14. NAME: Robert E Pasco

15. BIRTHPLACE (city or town) (State or country): Wash: D.C.

16. MAIDEN NAME: Alice V. Allen

17. BIRTHPLACE (city or town) (State or country): Wash. D.C.

18. INFORMANT: Miss Mary Pasco

(Address) 845 W Mulberry St

19. BURIAL, CREMATION, OR REMOVAL: 4/20, 1935

Place: New Cathedral Cem

20. UNDERTAKER: John Rogan & Son

(Address) 901 Fulton St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1935, to 4/17, 1935

I last saw h.. alive on 4/17, 1935. Death is said to have occurred on the date stated above, at 5:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	?

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis Injury Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so specify .....

(Signed) Joseph L Valentine M.D. Coroner

(Address) 16 S. Broadway

D. B. 1268-9

1770 HEALTH DEPARTMENT—CITY OF BALTIMORE 1770

CERTIFICATE OF DEATH ✓ 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1722 E. Eager St., 1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lydia Graves

(a) Residence: No. 1722 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	married

If married, widowed, or divorced (or) WIFE of Joe Graves

DATE OF BIRTH (month, day, year) Sept. 6, 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	7	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife 037

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Louisa Co Va

13. NAME Henry Nelson

14. BIRTHPLACE (city or town) (State or country) Louisa Co Va

15. MAIDEN NAME Charlotte Yancey

16. BIRTHPLACE (city or town) (State or country) Louisa Co Va

INFORMANT Hortensia Johnson
(Address) 1740 E Madison St

BURIAL, CREMATION, OR REMOVAL Laid to Rest Forest Lawn Cem Va
Date April 18th 1935

UNDERTAKER Mrs Robert A. Elliott - Hanover
(Address) 1129 Hazlehurst Ave.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1935 to 4/16/35 19.....

I last saw her alive on 4/15/35 19. Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4/13
Other contributory causes of importance:	
chr. appendicitis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Hayes Thomas M. D.

(Address) 1500 E. Monument St.

F 11771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Wilcox St., 10 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Elizabeth Wilson

(a) Residence: No. 1028 Wilcox St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Wilson

6. DATE OF BIRTH (month, day, year) June 10, 1916.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME OF FATHER Willis Jones

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Francis Shipsmith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT James Wilson (Husband)
(Address) 1028 Wilcox

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date April 17th 1935

19. UNDERTAKER Thos. F. & R. D. Elliott Slaughter
(Address) 112 E. Baltimore St.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 15 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 15 1935

I last saw her alive on April 13 1935 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Duration: Probably 6 mo

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. J. Young M. D.

(Address) 1424 E. Monument St.

D. P. 1268 F 11772 F 11772

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH St. Agnes Hosp

CITY OF BALTIMORE: (No. Wilkins & Caton Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Frank Hess

(a) Residence: No. 315 E. 29th Street. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bessie T. Hess

7. DATE OF BIRTH (month, day, year) Jany 21 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va.

13. NAME Aaron T. Hess

14. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

15. MAIDEN NAME Elizabeth C. Stauth

16. BIRTHPLACE (city or town) (State or country) Martinsburg W. Va.

17. INFORMANT Bessie T. Hess

(Address) 315 E 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place Martinsburg W. Va. Date April 22 1935

19. UNDERTAKER Henry H. Armacost & Son

(Address) 4204 Ridgewood Ave

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-17 35

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1935 to 4-17 35

I last saw h[illegible] alive on 4-17 19 35 Death is said to have occurred on the date stated above, at 10 P. m.

The **principal cause of death** and related causes of importance were as follows:

	Date of onset
a. Colic Carcinoma dilitation	4 days
Other contributory causes of importance: P. ulcers DB osteo Arthritis myocarditis	3 yrs

Name of operation no Date of no

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Vernon F. Kelly M. D.

(Address) 608 Lemmon Bldg.

B 1268-9

F 11773

1773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1190

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. South Baltimore General Hospital St. 225 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Andrew Cooper Goodman. (C)

(a) Residence: No. 817 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	Colored	Do not know.

f married, widowed, or divorced HUSBAND of (or) WIFE of ----------

ATE OF BIRTH (month, day, year) Do not know.

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	----	----	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Do not know.

3. NAME Do not know.

4. BIRTHPLACE (city or town) (State or country) Do not know.

5. MAIDEN NAME Do not know.

6. BIRTHPLACE (city or town) (State or country) Do not know.

NFORMANT Police Report. S.D.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mount of Md Date April 18, 19 35

NDERTAKER
(Address)

ILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 6, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ... Death is said to have occurred on the date stated above, at 11.35 m. a-x.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Exposure & starvation.	
Hemiplegia.	Prob

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Ellis Reinhardt, M. D. Coroner
4/16/35 (Address) 1017 S. Charles St.

P 1268-9

Ruffalt

F 11774

1774 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-a

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. City Jail St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Peter Ruffalt

(a) Residence: No. 109 Craghill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Single

married, widowed, or divorced HUSBAND of WIFE of

TE OF BIRTH (month, day, year) unknown

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 51			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Maryland

NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

MAIDEN NAME unknown

BIRTHPLACE (city or town) (State or country) unknown

FORMANT Capt Rubel

(Address) City Jail

RIAL, CREMATION, OR REMOVAL

Place Mount of Mt Date April 4 1935

Sacred Rest 4/2C/35

NDERTAKER

(Address) 1115 Pratt

LED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on June 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophic cirhosis of Liver	
Cardiac Hypertrophy	
Alcoholism?	1 year
Acute dilatation of Heart	Sudden

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Fenton Coroner M. D.

(Address)

B 1268-9

F 1775 × 6

HEALTH DEPARTMENT—CITY OF BALTIMORE

1775 ✓183

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Found floating at Westport

Y OF BALTIMORE: (No. off Carr, Lowry Glass Works. 25 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Unknown.

(a) Residence: No. Do not know. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Do not know.

married, widowed, or divorced HUSBAND of (or) WIFE of ----------

TE OF BIRTH (month, day, year) Do not know.

E Years	Months	Days	If LESS than 1 day, hrs. or min.
45	------	----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. (odd)

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Do not know.

. NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

. MAIDEN NAME Do not know.

. BIRTHPLACE (city or town) (State or country) Do not know.

NFORMANT Police Report. S.D.

(Address)

URIAL, CREMATION, OR REMOVAL

Place Pubic Cemetery Date April 15 1935

NDERTAKER

(Address)

LED. 1935 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) Found April 11, 1935 ..., 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Drowning, probably accidental.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Luttenhardt, M. D. Coroner

4/16/35 (Address) 1017 E. Charles St.

D. B. 1265-9

F 11776

776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×97

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Keefer

(a) Residence: No. Clearspring md St., Ward.
(If usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	married

If married, widowed or divorced
HUSBAND of (or) WIFE of Thomas J. Keefer

6. DATE OF BIRTH (month, day, year) 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) md

INFORMANT Thomas Keefer
(Address) Clearspring md

BURIAL, CREMATION, OR REMOVAL
Place Clearspring Md Date 4/21, 1935

UNDERTAKER Frederick H. Gold
(Address) Williamsport Md

FILED 4/21, 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1935 to Apr. 18, 1935

I last saw her alive on Apr. 18, 1935. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene	3/15/35
Other contributory causes of importance: Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Watkins M. D.

(Address) University Hospital

D. B. 1268-9

F 11777

HEALTH DEPARTMENT—CITY OF BALTIMORE

1777

CERTIFICATE OF DEATH

94-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 100 N. Kresson St., 267 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Foessel

(a) Residence: No. 100 S Kresson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed or divorced (or) WIFE of Philip Foessel

DATE OF BIRTH (month, day, year) April 28 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME Bernard Gresser

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Hagenhost

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mr. Ludger Foessel

(Address) 1004 E. 20th St. Son

BURIAL, CREMATION, OR REMOVAL Place new Cathedral Date April 19, 25

UNDERTAKER John A. Nolan

(Address) 3000 E. Baltimore St.

FILED 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/25

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1925, to April 15, 1925

I last saw her alive on April 15, 1925. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	2/15/25

Other contributory causes of importance:

Angina Pectoris	
Hypertension	2/12/25

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B. Lennane M. D.

(Address) 718 N Patterson Park Ave

D. F. 1268-9

778

F 11778

HEALTH DEPARTMENT—CITY OF BALTIMORE

123

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Charles Johnson

(a) Residence: No. 419 S Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 15, 1895

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	2	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City
8. Date deceased last worked at this occupation (month and year) — Total time (years) spent in this occupation

0086

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles Johnson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Annie C. Dalrow

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Dominic Lanahan

(Address) 419 S. Gilmor St.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/20/35 19

UNDERTAKER Frederick A Dole

(Address) 1200 W Lombard St.

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18/35 19

22. I HEREBY CERTIFY, That I attended deceased from February 23 1935 to April 17 1935

I last saw him alive on 4-17 1935 Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

Perirectal abscess — Date of onset Feb. 1925
Empyema — April 14

Other contributory causes of importance:

Name of operation Thoracotomy Date of 4-9-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Fleming M. D.

(Address) University Hospital

D. P. 1268-9

F 11779

1779) HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. 24 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Beatrice Cole

(a) Residence: No. 1435 1436 Hanberd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of John L. Cole

7. DATE OF BIRTH (month, day, year) April 25, 1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Patrick Burns Ireland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown Ireland

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mary Strobel
(Address) 724 N. Baltimore St

BURIAL, CREMATION, OR REMOVAL
Place St Peters Cemetery Date 4/22 1935

UNDERTAKER Frederick H. Cole
(Address) 1200 W. Fayette St

FILED [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935 to April 18, 1935

I last saw her alive on April 18, 1935. Death is said to have occurred on the date stated above, at 2.07 p m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus, Carbuncle of neck, Septicaemia

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) James S. Wolfe M. D.

(Address) 1213 Light St.

D. P. 1268-9

F 11780

780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mary King

(a) Residence: No. 1254 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of ?

ATE OF BIRTH (month, day, year) 3/26/1877.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
58		19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 60?

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME John Stewart. ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sarah.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Carrie Brown (niece)
(Address) 1254 E Fayette St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date April 20 1935

UNDERTAKER Robert H. Watkins
(Address) 15-15 McElderry St

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/13 1935 to 4/15 1935

I last saw h e alive on 4/15 1935 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage ?	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. P. 1268-9

F 11781

1781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 Wilkens Ave. 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary B. Waltemeyer

(a) Residence: No. 2524 Wilkens Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Charles E. Waltemeyer

6. DATE OF BIRTH (month, day, year): June 28 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	20	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

13. NAME Samuel Hasfett

14. BIRTHPLACE (city or town) (State or country): Balto. Md

15. MAIDEN NAME Mary E. Atkinson

16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT Edward E. Waltemeyer

(Address) 564 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cemetery Date April 20, 1935

19. UNDERTAKER George L. Lehnert

(Address) 2101 Fredericks Ave

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to April 17, 1935

I last saw h[illegible] alive on 4/17, 1935 Death is said to have occurred on the date stated above, at 2.35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix	July 1934
Other contributory causes of importance:	
Acute anemia	2 days

Name of operation none Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Benjamin Miller M. D.

(Address) 2030 Wilkens ave

D. B. 1263-9

F 11782

782

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 73

PLACE OF DEATH ST. JOSEPH'S HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE, MD. St., 15 Ward)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hannis Cash

(a) Residence: No. 1810 Thomas Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced WIFE of Louise Cash.
HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) Not known

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
33			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

. Date deceased last worked at this occupation (month and year) 1930 | Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Virginia

3. NAME Not known

4. BIRTHPLACE (city or town) (State or country) Va

5. MAIDEN NAME Not known

6. BIRTHPLACE (city or town) (State or country) Va

NFORMANT Louise Cash

(Address) 1810 Thomas Ave

BURIAL, CREMATION, OR REMOVAL

Date April 20 19

UNDERTAKER H. A. Dever & Son

(Address) 3001 Eastern Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1930

22. I HEREBY CERTIFY, That I attended deceased from November 24 1929 to April 18 1930

I last saw him alive on April 18 1930. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Splenic anaemia (Acquired hemolytic icterus)

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis autopsy? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE MD

D. B. 1268-9

F 1178 3

783 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Gen. Hosp. (Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilson Thompson

(a) Residence: No. 2231 Druid Hill Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mrs. Rosa L. Thompson

DATE OF BIRTH (month, day, year) Jan. 12, 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) West River, Md.

13. NAME John Henry Thompson

14. BIRTHPLACE (city or town) (State or country) West River, Md.

15. MAIDEN NAME Lana Gaines

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date April 18, 1935

UNDERTAKER Archibald A. Gaddis
(Address) 2101 W. Baltimore St.

FILED APR 19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to April 16, 1935

I last saw him alive on April 16, 1935. Death is said to have occurred on the date stated above, at 6:32 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with hypertension	1930
Cerebral Hemorrhage with Hemiplegia	4-9-1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Cook M. D.

(Address) Maryland Gen. Hosp.

D. B. 1268-9

F 11784

7781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

gth of residence in city or town where death occurred 4½ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Sutton.

(a) Residence: No. 1704 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Sutton.

ATE OF BIRTH (month, day, year) 7/29/1902.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	8	17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car.

13. NAME Joseph. N. Car.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Susan ? N. Car.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records B.C.H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Washington D. C. Date April 19 1935

UNDERTAKER Richard C. Maddox
(Address) 2101 McCulloh St.

3 1935 ... [illegible] ... Undertaker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/14 1935 to 4/16 1935

I last saw h[illegible] alive on 4/16 1935 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

Miliary tuberculosis

Date of onset
1 yr. (?)
Autopsy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Baltimore City Hosp.

D. P. 1206 F 11785

F 11785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 126

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St. 15 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Catherine Sullivan

(a) Residence: No. 1635 N Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

6. DATE OF BIRTH (month, day, year) 2-1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) May 3rd 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Va.

13. NAME Richard Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine McGinness

16. BIRTHPLACE (city or town) (State or country) Penna

INFORMANT Richard T. Sullivan

(Address) 1635 N. Monroe St

BURIAL, CREMATION, OR REMOVAL Date April 20th 1935

Placed as in Loudon Park

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 19 Registrar

4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-35 19

22. I HEREBY CERTIFY, That I attended deceased from 3-3-35 19 to 4-18-35 19

I last saw her alive on 4-18-35 19 Death is said to have occurred on the date stated above, at 11 15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Gall Stones

Name of operation Cholangiotomy Date of 3-8-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert M. Allison M. D.

(Address) Bon Secours Hosp

F 11786

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11786

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 4 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph Dzeyborewicz

(a) Residence: No. 711 N. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Victoria Dzeyborewicz

DATE OF BIRTH (month, day, year) About 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Mrs Kazoura

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Mrs Kazoura

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Mrs J. J. Charles Augustus
(Address) 711 N. Lombard St.

BURIAL, CREMATION, OR REMOVAL.
Place Holy Rosary Date April 20 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

19 1935 a

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/26 1934 to 4/17 1935

I last saw him alive on 4/17 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Raymond A. Reitz M. D.

(Address) Balto City Hosp.

D. B. 1268-9 F 11787

F 11787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3002 Ferndale St. 47th Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Rosalie Coulter

(a) Residence: No. 3200 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Thos E. Coulter

DATE OF BIRTH (month, day, year) March 31-1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	0	16	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Bern Muller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Ester Bergsmen

16. BIRTHPLACE (city or town) (State or country) Balto Maryland

INFORMANT Thos E Coulter

(Address) 3200 N Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Balto Date April 19 1935

UNDERTAKER Williams (Colored)

(Address) 1217 St Paul St

FILED APR 19 1935

MEDICAL CERTIFICATE OF DEATH 5:45 AM

21. DATE OF DEATH (month, day, year) April 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1. 1935 to April 17. 1935

I last saw her alive on April 16. 1935. Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Rt. breast — Duration 1 yr.

Date of onset

Other contributory causes of importance:

Carcinomatosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Howard H. Harris M. D.

(Address) 2604 Garrison Blvd.

D. P. 1204 F 11788

F 11788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 S. Hanover St., 7th Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine A. Aubel

(a) Residence: No. 624 S. Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
~~male~~ female	White	Widowed

6. ~~If married, widowed, or divorced~~ HUSBAND of (or) WIFE of Christian T. Aubel

7. DATE OF BIRTH (month, day, year) Feb 2nd 1865

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	2	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) Feb 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Joseph A. Hoff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Steghaus

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Foreman

(Address) 624 S. Hanover St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 22nd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935 to April 17, 1935

I last saw her alive on April 16, 1935 Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypotensive cardio vascular renal disease	?
Other contributory causes of importance: Uraemic coma prior to death	1 wk

Name of operation Date of

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Harry Aubel M. D.

(Address) 1224-1226 Hanover St.

D. B. 1268-9

F 11789

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11789

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2435 Stanley St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Strachman

(a) Residence: No. 2435 Stanley Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ezekiel Strachman

DATE OF BIRTH (month, day, year) 1852

AGE Years	Months	Days	If LESS than 1 day, = hrs. or min.
83	-	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (37)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kovno Russia

13. NAME Rachel Peaker

14. BIRTHPLACE (city or town) (State or country) Kovno Russia

15. MAIDEN NAME Reba Rachel

16. BIRTHPLACE (city or town) (State or country) Kovno Russia

INFORMANT Rubin Strachman (son)

(Address) 2624 Violet Ave.

BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rondale Date April 19 1935

UNDERTAKER S. Lennon & Son

(Address) 1127 E. Baltimore St.

FILED 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 10 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to April 10 1935

I last saw her alive on April 10 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance, were as follows:

Carcinoma of Colon with metastasis to liver lungs & retroperitoneal

Date of onset ?

Other contributory causes of importance:

Arteriosclerosis
Obesity

Name of operation None Date of —

What test confirmed diagnosis? Path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Strachman M. D.

(Address) 3627 Pinkney Ave

F 11790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11790

CERTIFICATE OF DEATH 4128

Registered No. .....

PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Annie Richardson

(a) Residence: No. 1737 Baker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Female	Colored	Separated

If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Aug 5, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME OF FATHER Washington Richardson

14. BIRTHPLACE (city or town) (State of country) Balto, Md.

15. MAIDEN NAME OF MOTHER Eliz Marshall

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospitals

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Malboro Md Date April 20. 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Preston St.

Huntington Williams, M.D. Registrar

FILED 4-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

I HEREBY CERTIFY, That I attended deceased from March 12, 1935 to April 16, 1935

I last saw her alive on April 16, 1935 Death is said to have occurred on the date stated above, at 3:50 P.M.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cyst. Carcinoma	Years ..... Months ..... Days .....
Other contributory causes of importance: Coronary Thrombosis	4/16/35
Name of operation Laparotomy	Date of 4/8/35
What test confirmed diagnosis? —	Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel E. Lopez M. D.

(Address) Balto City Hospitals

H. D. B. 7208-91 F 11791

Gordon F 11791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 137 E Calhoun St. 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth E. Gordon

(a) Residence: No. 137 E Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 28, 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	2	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School, Boo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wesley Gordon Md

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rosena Jones

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rosena Gordon

(Address) 137 E Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 4/ , 19 31

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/16 , 19 31

22. I HEREBY CERTIFY, That I attended deceased from 4/13 , 19 31 to 4/16 , 19 31

I last saw h[illegible] alive on 4/16 , 19 31 Death is said to have occurred on the date stated above, at 8 45 m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) B M Rhetta , M. D.

(Address) 2135 E [illegible]

F 11792

F 11792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198

Registered No. 10-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gordon J. Kent

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Kent

DATE OF BIRTH (month, day, year) Feb. 12th 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	2	6 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazier Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Woodville Maryland

13. NAME James B. Kent

14. BIRTHPLACE (city or town) (State or country) Leeds Maryland

15. MAIDEN NAME Mary Gleaney

16. BIRTHPLACE (city or town) (State or country) Woodville Maryland

17. INFORMANT Informant

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Hyattsville Md Date April 22 1935

19. UNDERTAKER J. Gaeckle Sons

(Address) Hyattsville Md

20. FILED APR 23 1935 Auditor for Baltimore City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 25 1934 to April 19 1935

I last saw him alive on April 19 1935. Death is said to have occurred on the date stated above, at 2-32 Am.

The principal cause of death and related causes of importance were as follows:

Dislocation of 5th cervical vertebra

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F Aubrey M. D.

(Address) 606 Annesley Rd

D. F. 12[illegible] F 11793

F 11793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Spielman

(a) Residence: No. Little Sisters of the Poor 1200 Valley St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Bohs

DATE OF BIRTH (month, day, year) 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elec Power Co

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Daniel Spielman

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Amalia Walker

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus Sup.

(Address) 1200 Valley Street

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date Apr. 20, 1933

UNDERTAKER Rita Winfield

(Address) 914 Fremont Ave

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 April, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to Apr 18, 1933

I last saw him alive on April 16, 1933. Death is said to have occurred on the date stated above, at 10:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?

Other contributory causes of importance:

Arteriosclerosis	?
Hypertension	5
Asthenia	2 mos

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) L. McCusker, M. D.

(Address) 1114 Hutchinson

D. P. 1268-9M F 11794

F 11794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH The Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 3 yrs. .mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Mertens

(a) Residence: No. 1200 Valley St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1836

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
99	"			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1900

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Dorchester Co. Md.
(State or country)

13. NAME Matthias Mertens

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME Matilda Edgar

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor 1200 Valley St

BURIAL, CREMATION, OR REMOVAL
Place Holy Cross R.C. Date Apr. 20. 1935

UNDERTAKER Rita Wiedefeld
(Address) 914 Hanover St

FILED Apr 19 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 18 April, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931. 19.. to Apr 18 1935

I last saw her alive on Apr 16, 1935. Death is said to have occurred on the date stated above, at 5:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Endocarditis	?
Other contributory causes of importance: Arteriosclerosis	?
Hypostatic Pneumonia	?
Asthenia	3 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Phys Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) L. McCarthy M. D.

(Address) 1114 Harlem Ave

F 11795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Foot of Broadway St., 14 Ward)

gth of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME Walter Carroll

(a) Residence: No. 543 Mc Mechen St St., ..Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
al	Col	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 1901

GE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
34	34	1		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Balto Md
(State or country)

13. NAME Buddy Carroll

14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Rachel Cole

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mr Wm Henry
(Address) 543 Mc Mechen St

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4-19 1935

UNDERTAKER Geo A. Gibson
(Address) 1135 Druid Hill Ave

FILED 4-19 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h.. alive on ....., 19... Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Accidental Drowned	

Other contributory causes of importance:

Name of operation ..... Date of ..

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 4/16 1935

Where did injury occur? Foot Broadway
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Waterfront

Nature of injury Drowned

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. J. Hogan M.D. M. D.
Coroner

(Address) 130 N Atherton Ave

O. F. 1268-9

F 11796 Kvedara, F 11796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto City Hosp St. 25 Ward)

gth of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Margaret Kuedar.

(a) Residence: No. 1809 Morrel Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Separated

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mattat Matunyunas

ATE OF BIRTH (month, day, year) no 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55				

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Mike Kuedar.

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Lithuania.

INFORMANT (Address) Geo. Ilgunas Cousin 1809 Morrell Park.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date April 22 1935

UNDERTAKER John Grebliunas (Address) 423 S Paca St.

FILED 19 Registrar.

19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1935, to 4/17, 1935

I last saw her alive on 4/17, 1935 Death is said to have occurred on the date stated above, at 1 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	14 days (?)
Cerebral hemorrhage	17 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 11797

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11797

181

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. St., 6 Ward)

(Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Aloysious Chase

(a) Residence: No. 319 W. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Col'd

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year): Sept 5 1896

AGE: Years 38 | Months 7 | Days 17 | If LESS than 1 day, hrs. ... min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dealer

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

12. NAME: Julius Chase

13. BIRTHPLACE (city or town) (State or country): Md

14. MAIDEN NAME: Jessie Lucas

15. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Essie Chase
(Address) 631 N. Carolina

BURIAL, CREMATION, OR REMOVAL

Place Woodland Date ... 1936

UNDERTAKER: Wm. Chase

(Address) 1319 E. Preston St.

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17th 1936

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on May 17 1936. Death is said to have occurred on the date stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

Accident — Date of onset: Instantaneous

2 & 3rd degree burns — 3 Days

Other contributory causes of importance: Bed caught fire while smoking,

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury May 15 1936

Where did injury occur? 319 W. Bond
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Bed caught fire while smoking

Nature of injury Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. G. Link Coroner, M. D.

(Address) Coroner

F 11798

D. B 1268-9

F 11798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2215 E North Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Confer

(a) Residence: No. 2215 E. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Confer

DATE OF BIRTH (month, day, year) March 7th. 1856

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	1	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) Feb. 1929

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Altoona Pennsylvania

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

17. INFORMANT Miss Edith G. Confer

(Address) 2215 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date April 20, 1935

19. UNDERTAKER Frederick Lazenby

(Address) 7401 Belair Road

FILED APR 19 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to April 18, 1935

I last saw him alive on April 18, 1935. Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic C-V-disease	1925
Chronic myocarditis	1933

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Aleson M. D.

(Address) 6212 Harford Rd

D. B. [illegible] F 11799

F 11799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Jenkins Memorial Hospt

CITY OF BALTIMORE: (No. 1000 Caton Ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Helen Parsons

(a) Residence: No. 3505 Rosedale Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James O'Neil Parsons

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66 yrs.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles County
(State or country) Maryland

13. NAME John Jenkins

14. BIRTHPLACE (city or town) Charles County
(State or country) Maryland

15. MAIDEN NAME Emily Galdemon

16. BIRTHPLACE (city or town) Charles County
(State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 4/20 1935

19. UNDERTAKER Henry H. Myers & Son
(Address) 208 N. Eutaw St.

FILED APR 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1934 to April 18th 1935.

I last saw h[illegible] alive on April 18th 1935. Death is said to have occurred on the date stated above, at 10.55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic rheumatoid arthritis chronic stage.	1920
2. Chronic bronchitis.	1920
3. Terminal lobar pneumonia	4-16-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) George Fowler, M. D.

(Address) 1212 St Paul St

B. 1269-9 F 11800

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11800

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH Women's Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 15 Ward)

th of residence in city or town where death occurred 52 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

FULL NAME Carolyn Warnsman

(a) Residence: No. 3300 Alto Road. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nale	white	Married

(married, widowed, or divorced)
HUSBAND of (or) WIFE of Frederick Warnsman

TE OF BIRTH (month, day, year) --------

LE Years	Months	Days	If LESS than 1 day, hrs. or min.
2			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

9. NAME Jacob Blankfard

10. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Elizabeth Macintosh

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Frederick H. Warnsman

(Address) 3300 Alto Road

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date 4/20 35

UNDERTAKER Henry B. Myers Son

(Address) 5036 N. Edward St.

FILED ..... 19.. .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29, 1935 to April 18, 1935

I last saw her alive on April 18, 1935 Death is said to have occurred on the date stated above, at 3.40 A m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion (Thrombosis or Angina?) — Date of onset 4-18-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Beverley R. Compton, M. D.

(Address) Womens Hosp

E 11801

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 11801

CERTIFICATE OF DEATH

X 172-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE. MD.

CITY OF BALTIMORE: (No. ..... St., 9-9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Mrs. Susan Corbin Watts

(a) Residence: No. Glen Arm, Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced (or) WIFE of Richard Watts

DATE OF BIRTH (month, day, year) Oct 20 1856.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	5	29.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

12. NAME Joshua St. Corbin

13. BIRTHPLACE (city or town) (State or country) Maryland.

14. MAIDEN NAME Mary E Evans

15. BIRTHPLACE (city or town) (State or country) Maryland.

16. INFORMANT St Joseph's Hospital
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Providence Cem. Date April 21. 1935

UNDERTAKER John Burns Sons
(Address) Fawn & Pratt

FILED 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16. 1935. to April 19. 1935

I last saw her alive on April 19. 1935. Death is said to have occurred on the date stated above, at 1:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Femoral Hernia (strangulated)	
2. Intestinal obstruction	
3. Toxaemia	

Other contributory causes of importance:

Name of operation Hernio plasty Date of 4-16-35

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1208 F 11802 F 11802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 528 Harleman St., 17th Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs B Kyler Jr

(a) Residence: No. 528 Harleman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)	Aug 15 1894			
7. AGE	Years 35	Months 5	Days 1	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Postal Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P.O.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto city

13. NAME Mrs B Kyler Sr

14. BIRTHPLACE (city or town) (State or country) Balto Co

15. MAIDEN NAME Ruth Mowell

16. BIRTHPLACE (city or town) (State or country) Balto City

17. INFORMANT Ruth Kyler
(Address) 528 Harleman ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 7/19/35 19

19. UNDERTAKER Mrs George E. Bollman
(Address) 1601 Madison Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 16 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 12 1935 19 ... to July 16 19 35

I last saw h.. alive on July 15 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	July 12 1935

Other contributory causes of importance:

Rheumatism

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ...

F 11803 Helen B. Jones F 11803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 25-41 N. Fulton St., 13 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Jones

(a) Residence: No. 2541 N. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Silas Jones

6. DATE OF BIRTH (month, day, year): July 4 - 1891

7. AGE: Years 43 | Months 9 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cambridge Md

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Cambridge Md

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Elizabeth Hill
(Address) 826 Hampstead St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/19/41

19. UNDERTAKER: Mrs. George F. Holland
(Address) 1631 Druid Hill Ave

20. FILED ... 19... [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/16, 19 41

22. I HEREBY CERTIFY, That I attended deceased from 4/13, 1941 to 4/16, 1941

I last saw her alive on 4/16, 1941. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Apoplexy	
Paralysis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) [illegible] M. D.

(Address) 1124 [illegible]

F 11804

F 11804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 W. Franklin St) (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Cockey Sr.

(a) Residence: No. 222 W. Franklin St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen V. Cockey.

7. DATE OF BIRTH (month, day, year) March 6th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME OF FATHER Charles E Cockey.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME OF MOTHER Frances Heeg.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen V. Cockey.

(Address) 222 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL Frenmoriller Md. Date April 20th 1935

19. UNDERTAKER Bernard C Harke.

(Address) 1000 E Fayette St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to April 19 1935

I last saw him alive on April 18 1935 Death is said to have occurred on the date stated above, at 1 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral regurgitation	many yrs
Cardiac decompensation	March 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Elsie M Grille M. D.

(Address) 2431 Maryland Ave

H. D. B. 1268-9 F 11805 F 11805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV46-F 11805

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William K. Duthie

(a) Residence: No. Barnwell, md St., Moreland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Duthie

DATE OF BIRTH (month, day, year) Sept 4th 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Andrew Duthie

14. BIRTHPLACE (city or town) (State or country) Scotland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT 191 Robert Brent Town

(Address) 927 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Fairview Cemetery

Place Fairview Burying Co. Date 4/21/ 1935

19. UNDERTAKER John J. Howard & Son.

(Address) 400 Hollins St.

19 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 — 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1935 to April 18, 1935

I last saw h. alive on April 18, 1935 Death is said to have occurred on the date stated above, at 12:40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	1933
Probably Carcinoma of Pancreas	?

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) A. J. Conway M. D.

(Address) Vol. Hospital

D. P. 126 **F 11806** **F 11806**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

828

PLACE OF DEATH

CITY OF BALTIMORE: (No. 5503 Fernpark Ave. St., 28 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lillian E. Boardman

(a) Residence: No. 5503 Fernpark Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Townsend H. Boardman

DATE OF BIRTH (month, day, year) April 11 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Tarrytown N.Y.

13. NAME George W. Earle

14. BIRTHPLACE (city or town) (State or country) Morris Plains N.J.

15. MAIDEN NAME Martha Benjiman

16. BIRTHPLACE (city or town) (State or country) Morris Plains N.J.

INFORMANT Lucy A. Earle

(Address) 5503 Fernpark Ave.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date April 20 1935

UNDERTAKER Harry H. Amuse & Son

(Address) 4204 Ridgewood Ave.

FILED [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1934, to Apr 19, 1935

I last saw her alive on Apr 18, 1935. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Hemiplegia	1934
Other contributory causes of importance:	
Cerebral Embolism	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Cochrane M. D.

(Address) 4302 Fairfield Ave

D. B. 1268 F 11807 F 11807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Ken Oak Road St. 27 Ward)

Length of residence in city or town where death occurred 75 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

FULL NAME Bettie Cohen

(a) Residence: No. 2305 Ken Oak Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Josiah Cohen

DATE OF BIRTH (month, day, year) May 28, 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Abraham Myer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Sydney C. Blumenthal

(Address) 2305 Ken Oak Road

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Oheb Shalom Cem Date Apr. 21, 19 35

UNDERTAKER Harris Sondheimer Son

(Address) 1902 Eutaw Place

FILED 19 1935 19 ..... Deputy.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to April 18 1935

I last saw her alive on April 18 1935 Death is said to have occurred on the date stated above, at 11.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1920?

Other contributory causes of importance:

Chronic myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jacob Cohen M. D.

(Address) 223 S. Broadway.

D. B 12[illegible]

F 11808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. S. W. Cor. Lombard & [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Francis Elbert Sheain

(a) Residence: No. 5247 Lindenhights Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Sheain

DATE OF BIRTH (month, day, year) Nov. 24. 1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	5	24	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Praiser

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Custom house

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Frank L. Sheain

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Elizeberh C Hibbine

16. BIRTHPLACE (city or town) (State or country) Baltimore,

INFORMANT G. A. Sheain. (Brother)

(Address) 4403 Fernhill Ave.

BURIAL, CREMATION, OR REMOVAL

Place U.S. National Date April.20. 1935

UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts.

FILED [illegible], 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

Cyanide Potash — Date of onset

Poison

Suicide

Sudden

Other contributory causes of importance:

mentally deranged

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) James H Denton Coroner M. D.

(Address) 1006 Cham[illegible]

D. [illegible] F 11809

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11809

11809

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren Coles

(a) Residence: No. 1213 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 15 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	1	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER William Coles

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Estella Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Theodore G White

(Address) 1113 Fidelity Bldg

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/22/35

UNDERTAKER Theodore G White Funeral Home

(Address) 1113 Fidelity Bldg

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Failure	
Other contributory causes of importance: Pleural Effusion Tuberculosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E Kenzo M.D. M. D.
Coroner

(Address) 1305 N Patterson Park

F 11810

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11810

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH Franklin Square Hospital Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul W. Hoffman

(a) Residence: No. Parkton Road, Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced—HUSBAND of (or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Feb. 21, 1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	1	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Erna, Balto Co., Md.

13. NAME Wm. E. Hoffman

14. BIRTHPLACE (city or town) (State or country) Hoffmanville, Balto Co., Md.

15. MAIDEN NAME Anna Peregoy

16. BIRTHPLACE (city or town) (State or country) Mt. Carmel, Balto Co. Md.

17. INFORMANT John Hoffman
(Address) Cockeysville, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date Sept. 7, 1935

19. UNDERTAKER Wm. C. Snyder & Son
(Address) Govans, Md.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1935, to April 17, 1935

I last saw him alive on April 14, 1935, death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, septic	April, 35
Daily verified	
(Other contributory causes of importance)	
Jaundice	
Apl 19-35 Jos. H. Waxter Coroner	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. Howard Mowers, M. D.

(Address) Franklin Sq. Hosp.

F 11811 Walter L Reimer F 11811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter L Reimer

(a) Residence: No. 608 N Patterson Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W Male	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margie Reimer

DATE OF BIRTH (month, day, year) Jan 3-1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cabinet

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ludwig Reimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Pauline Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Helena G. Wittig

(Address) 826 N. Fremont Ave

BURIAL, CREMATION, OR REMOVAL.

Place Pahona Elmer Date April 20 1935

UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Gilmor St.

FILED ... (19...) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 19 35

22. I HEREBY CERTIFY, That I attended deceased from February 3 1935 to April 18 1935

I last saw him alive on April 18 1935. Death is said to have occurred on the date stated above, at 2 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess of Liver	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Daniel J Schwartz M. D.

(Address) Sinai Hospital

F. B. 1268-9

F 11182 ✓ F 11181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Hospital for Women of Maryland St. 16 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mrs Rosa Bragg

(a) Residence: No. 2842 W Lanvale St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
male	white	Married

If married, ~~widowed, or divorced~~ ~~MARRIED~~ (or) WIFE of Ernest C. Bragg

6. DATE OF BIRTH (month, day, year) April 8th 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	0	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME OF FATHER James Butler

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME OF MOTHER Laura Dillow

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Mr Burgess

(Address) 2862 W. Lanvale St

BURIAL, CREMATION, OR REMOVAL

Place Western Date April 22nd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 [illegible] Registrar.

APR 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April, 18 1935

22. I HEREBY CERTIFY, That I attended deceased from March 31 1935 to April 18 1935

I last saw her alive on April 18 1935. Death is said to have occurred on the date stated above, at 9:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver - Primary ?	
Other contributory causes of importance:	
Intra abdominal hemorrhage	

Name of operation Exploratory Laparotomy Date of 4/18/35

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Reuben Baptista, Jr. M. D.

(Address) Woman's Hospital, Baltimore, Md.

D. P. 1268-A

F 11813 ✓ F 11813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3809 Baker St. 16 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Seeling

(a) Residence: No. 3809 Baker St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Fmale | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frederick Seeling

DATE OF BIRTH (month, day, year): Oct 29 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME OF FATHER: Theodore Yungst

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME OF MOTHER: Dorthea Hoffman

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Leonora Hoffstot

(Address) 3809 Baker St.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore Date 4/20 1935

19. UNDERTAKER: J. H. Cook & Sons

(Address) 1219 E. Fayette St.

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 18 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to April 18 1935

I last saw him alive on 4-16 1935 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency Coronary sclerosis Acute gastritis Acute pneumonia	1 day
Other contributory causes of importance: Arteriosclerosis Chron. Nat Nephritis Hypertension	

Name of operation no Date of

What test confirmed diagnosis? clinical an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Edwin L. Carey M. D.

(Address) 608 Somerset Rd

F 11814

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11814

CERTIFICATE OF DEATH

130

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 N. Chester St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Anna T. Bleach

(a) Residence: No. 1405 N. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 8/29

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	11	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Wilmer E. Bleach

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Agnes G. France

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Mrs Cora A. Bleach
(Address) 2111 E. North Ave

BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date April 20 1935

UNDERTAKER Wm Bok
(Address) 1217 St Paul St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 17/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....;
I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable Uremia	
" nephritis	

Other contributory causes of importance:

Convulsions & coma preceeded death	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) J. H. Watson M. D.
Coroner

(Address) 108 E North Ave

F 11815

F 11815

9-562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Fielding H. Garrison

(a) Residence: No. 395-3 Cloverhill Road Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color	Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white		married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara (same)

DATE OF BIRTH (month, day, year) Nov. 5, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Librarian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

13. NAME John R. Garrison

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Jennie Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Lexington Cem

Lexington Park Md 4/22 1935

19. UNDERTAKER Wm Cal Gould

(Address) 1217 E. Fayette St

20. FILED 22 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) APR 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 2 1935 to April 18 1935

I last saw him alive on April 16 1935 Death is said to have occurred on the date stated above, at 3:20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Cecum	?
Paralytic ileus	4-12-35
Uremia	?
Bronchopneumonia	4-14-35

Other contributory causes of importance:

Cardiac failure

Name of operation Resection of Cecum Date of 4-10-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C D Briggs M. D.

(Address) Johns Hopkins Hosp

D. P. 1269 **F 11816** ✓ **F 11816**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals - Tuberculosis Division Registered No.

CITY OF BALTIMORE: (No. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene N. Wright

(a) Residence: No. 3501 Ash St, Hampden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of John Wright

DATE OF BIRTH (month, day, year) Feb. 16, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Lutman

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Annie Bowers

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address) City Hospitals

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampden Date 4/22/35, 19

19. UNDERTAKER Walter Davis
(Address) 2512 Greenmount Ave

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1935, to April 18, 1935
I last saw her alive on April 18, 1935. Death is said to have occurred on the date stated above, at 11 45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto. City Hospitals

D. B. 1268

F 11817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11817

157-D

Registered No. 2714

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Norman A Smith
(a) Residence: No. 5822 Ethelbert Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mall	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 27 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9.	2-2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward Smith

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Ruth Weber

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Edward Smith
(Address) 5822.

BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Cem Date 4/20/35 19

UNDERTAKER Walter Rogers
(Address) 3418 Eastern Ave

FILED 4/19/35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21 . 1935 to April 19 . 1935
I last saw him alive on April 19 1935. Death is said to have occurred on the date stated above, at 8 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cleft palate	
Other contributory causes of importance:	

Name of operation Repair of cleft palate Date of 4-18-35
What test confirmed diagnosis? Sx Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Macaulay M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

F 11818

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11818

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Willis E. Long.
(a) Residence: No. 4007 Wilkins Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ada. E.

DATE OF BIRTH (month, day, year) 1/5/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70		3	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) Md.
13. NAME John Long.
14. BIRTHPLACE (city or town) (State or country) Md.
15. MAIDEN NAME Emma
16. BIRTHPLACE (city or town) (State or country) Md.
17. INFORMANT Records BCH.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Greenmount Cem. 4/20 19 35
19. UNDERTAKER Harry A. Tuttle
(Address) 4101 Edmondson Ave.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/17 . 1935 to 4/18 . 1935
I last saw him alive on 4/18 1935 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Cerebral hemorrhage	2 days
Other contributory causes of importance:	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp.

F 11819 ✓ F 11819

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. 33rd & Calvert St.; 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charles A. Erwin Blvd. (Pearl Hay Erwin)

(a) Residence: No. 2605 Garrison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles H. Erwin

DATE OF BIRTH (month, day, year) July 27, 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. COLD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of Georges Hay Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Sabina Lewis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Hattie R. Horsey
(Address) 2605 Garrison Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore City Date April 20 1935

19. UNDERTAKER Wm. H. Tuckey & Sons
(Address) South & Pratt Sts

20. FILED APR 20 1935 By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-14-35 . 19 . to 4-18-35 . 19 .

I last saw her alive on 4-18-35 . 19 . Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	4-12-35

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Ekg. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Charles H. Conley, M. D.

(Address) Union Memorial Hospital

D. P. F 11820 ✓ F 11820

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia S. Leonard. (S for Sophie)

(a) Residence: No. 1320 N. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ernest Leonard

DATE OF BIRTH (month, day, year) Aug 4 1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (603)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington, D.C

13. NAME Sarah Wunch

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rose Hill-Hagerstown Date Apr. 20, 1935

19. UNDERTAKER Wm. J. Tustin & Son
(Address) 1 North Pa Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/12, 1935 to 4/18, 1935

I last saw her alive on 4/18, 1935 Death is said to have occurred on the date stated above, at 1.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 wk.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

M. D. B. 1268 F 11821

F 11821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W 40th St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Rose F Voss

(a) Residence: No. Home For Incurables St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): January 29-1851

7. AGE: Years 84; Months 2; Days 21; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Governess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mr Gittings Home

10. Date deceased last worked at this occupation (month and year): 1886

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Neuchatel Switzerland

13. NAME: Voss

14. BIRTHPLACE (city or town) (State or country): unknown

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): unknown

17. INFORMANT: Home for Incurables

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Rudow Park Date: Apr 22, 1935

19. UNDERTAKER: Wm Tuttle & Sons

(Address): Nos 2 Lane

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933 to April 19, 1935

I last saw her alive on April 19, 1935 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1931
Uremia	Apr 1935

Other contributory causes of importance:

Broncho-pneumonia	Apr 17 35

Name of operation: None Date of

What test confirmed diagnosis? P.M. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W W Mayo M. D.

(Address) Medical Arts Bldg

F 11822

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11822

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 Hazel St., 25 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Tomaszyk Kopec

(a) Residence: No. 1503 Hazel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary Kopec

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wheel Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Foundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Tomasz Kopec

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Charles Kopec

(Address) 1503 Hazel St

18. BURIAL, CREMATION, OR REMOVAL Mount Carmel

Place Holy Cross Date 4-23 1935

19. UNDERTAKER John J. Kuda

(Address) 2811 Hudson St

20. FILED 1935 Registrar

29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 1934 to April 19 1935

I last saw him alive on April 18, 1935. Death is said to have occurred on the date stated above, at 3-38 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Emphysema	?
Chronic Myocarditis	?
Ventricular Standstill	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrence H. Tena M. D.

(Address) 1009 Annapolis Blvd.

F 11823 ✓ F 11823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1836 W Lanvale St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel T Howard

(a) Residence: No. 1836 W Lanvale Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B Howard

7. DATE OF BIRTH (month, day, year) Apr 29 1849

8. AGE Years 85 Months 11 Days 20 If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Maryland

14. NAME Not Known

15. BIRTHPLACE (city or town) (State or country) Ireland

16. MAIDEN NAME Ann Foy

17. BIRTHPLACE (city or town) (State or country) Maryland

18. INFORMANT Mrs Mary B Howard

(Address) 836 W Lanvale

19. BURIAL, CREMATION, OR REMOVAL Cathedral Cem. Date 4/20/35

20. UNDERTAKER Joseph E Fahey

(Address) Fulton & Fayette

21. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to April 18 1935

I last saw him alive on April 17 1935 Death is said to have occurred on the date stated above, at 7 Pa. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis & hypotension —	10 yrs.
Acute Cardiac failure	2 hrs
Senility	10 yrs

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrez E. Lala M. D.

(Address) 4 N. Fulton Ave.

D. F 1268-9

F 11824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11824

CERTIFICATE OF DEATH

163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 342 S. Macon St., No Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry N Stinchcomb

(a) Residence: No. 342 S. Macon St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ada Mae Stinchcomb

DATE OF BIRTH (month, day, year) Feb 12 1902

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
33	33	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Treas Dept

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John T Stinchcomb

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Clara Burke

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ada M Stinchcomb

(Address) 342 S Macon St

BURIAL, CREMATION, OR REMOVAL

Place Oakland Date April 21 35

UNDERTAKER Young & Farley

(Address) 1510 W Fayette St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sodium Cyanide Poisoning	
Suicide	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, (suicide) or homicide? Yes Date of injury 4/18, 1935

Where did injury occur? 342 S Macon (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaling Cyanide Gas.

Nature of injury Paralysis of Heart & Resp

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Hegg M.D. M. D.

Coroner

(Address) 305 N Calvert St

D. B. 1268-9

F 11825

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 Mulberry St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha B. Smith.

(a) Residence: No. 711 Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem.	Col.	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stephen A. Smith

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME of Father Vina

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME of Mother Judy Thomas

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Husband Stephen Smith

(Address) 711 Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date June 21, 1935

19. UNDERTAKER John H. Ellwanger

(Address) 4-38 Dolphin St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from six years ago 19 to April 18, 1935

I last saw h[illegible] alive on April 18, 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

diabetes — Date of onset 6 yrs. ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical and chemical examination Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Shamwell, M. D.

(Address) 3310 Tioga Parkway

D. P. 126

F 11826

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11826

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 18

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Sutcliffe

(a) Residence: No. 111 S. Poppleton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Mule	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/6/59.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME Jos. Sutcliffe

14. BIRTHPLACE (city or town) (State or country) England.

15. MAIDEN NAME Jeanette

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forrest Cem. Date April 20 193

19. UNDERTAKER John C. Sutcliffe & Sons

(Address) 1900 Eutaw Place.

20. FILED 193

E 1355

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/29 . 1934 to 4/18 . 1935

I last saw him alive on 4/18 . 1935 Death is said to have occurred on the date stated above, at 10½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rabe, Geo. A. Peyton M. D.

(Address) Balto City Hosp.

F 11827 ✓ F 11827 !

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore Co. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No. St., Ward)
Length of residence in city or town where death occurred yrs. mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Armstrong
(a) Residence: No. Hamlet, North Carolina St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 24, 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month and year) 4-1-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hamlet N. C.
13. NAME John L. Armstrong
14. BIRTHPLACE (city or town) (State or country) Wilmington N. C.
15. MAIDEN NAME Emma Smith
16. BIRTHPLACE (city or town) (State or country) Rockingham N. C.
17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.
18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cemetery Date April 20 1935
19. UNDERTAKER E. Lloyd Fuller, Inc.
(Address) 125 E. North Ave.
FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1935
22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 18 1935
I last saw him alive on April 18 1935 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of lung	unknown
Valvular heart disease, relative	"
mitral insufficiency	"
Myocarditis, chronic	"
Cardiac dilatation	"
Arteriosclerosis, general	"

(Other contributory causes of importance.)

Name of operation none Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Wm. H. Gordon M. D.
(Address) U. S. Marine Hospital, Baltimore

D. B. 1368-9

1828 ✓ F 11828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Hanover St. St. 22 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ira H. Cullum

(a) Residence: No. 419 S. Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1377

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME William H. Cullum

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

15. MAIDEN NAME Edither H. Williams

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Mr. Arthur E. Cullum
(Address) 419 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Aberdeen Md. Date Apr. 21. 1935

19. UNDERTAKER J. F. McCully
(Address) 1304 Fort ave.

FILED Apr 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr - 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 8, 1935, to Apr 18, 1935. I last saw h alive on Apr 18, 1935. Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Tumor	
Endocarditis	

Other contributory causes of importance:

Name of operation Urine + Blood negative Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) David Drauden M. D.

(Address) 1717 W. Fayette

D. B 1268-9

F 11829

HEALTH DEPARTMENT—CITY OF BALTIMORE

11829

CERTIFICATE OF DEATH

118

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1904 Madison Ave. 14 Ward) 2

gth of residence in city or town where death occurred 30 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Keys.

(a) Residence: No. 1904 Madison Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race: Col	5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas G. Keys

DATE OF BIRTH (month, day, year): Jan 10 1878

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	3	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 607

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country): Va

13. NAME OF FATHER: Jas Rivers

14. BIRTHPLACE (city or town) (State or country): Washington Dist

15. MAIDEN NAME OF MOTHER: Mary Carter

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Alice E Chambers

(Address): 1904 Madison Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Date: 7/20/35

UNDERTAKER: Mrs Leo L Holland

(Address): 1632 Edmondson Ave

FILED: 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 18 19 35

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on July 15 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	

Other contributory causes of importance:

Emp of decd. had eaten canned beef.

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Leslie Diggs, M. D. Coroner

(Address)

D. P. 1268-9

F 11830

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11830

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter G. Tall.

(a) Residence: No. Levering House St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7/10/63.

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
71	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? Ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Young Tall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Elizabeth Street

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date Apl 22 1935

19. UNDERTAKER John F. Denny
(Address) 715 Light St

FILED 20 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/10 1935 to 4/19 1935

I last saw him alive on 4/19 1935 Death is said to have occurred on the date stated above, at 5 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	5 mo?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268-9

✓ F 11831

HEALTH DEPARTMENT—CITY OF BALTIMORE

11831

CERTIFICATE OF DEATH

48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3111 Oakford Ave. St., 15 Ward)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Elsie R. Mossemouth

(a) Residence: No. 3111 Oakford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (HUSBAND) of (or) WIFE of Hudson E. Mossemouth

7. DATE OF BIRTH (month, day, year) Aug. 26, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) 11 mos ago

11. Total time (years) spent in this occupation 22 yrs.

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank E. McClure

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME M. Ella Gwaltney

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs M. Ella McClure

(Address) 4803 Pentoto Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Jan 22 1935

UNDERTAKER John J. Wenzy

(Address) 715 Light St

FILED Jan 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Jan 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 1932 to Jan. 18 1935

Last saw h[illegible] alive on Jan. 18 1935 Death is said to have occurred on the date stated above, at 8:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-carcinoma of ovary & Fibromyoma of body of uterus, Operated June 1933 Complete removal & Recovered after surgery	Jan 33
Other contributory causes of importance: Varicose veins & Rectocele.	

Name of operation Ca stone, Date of Jan 33

What test confirmed diagnosis? Microscopic, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

Jan. 18 If so, specify

(Signed) [illegible] M. D.

(Address) 1605 N. North Ave.

D. B. 2268-9

F 11832

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11832

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 326 N. Carey St., St., 19 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L. Ballard

(a) Residence: No. 326 N. Carey St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Malachi Ballard

7. DATE OF BIRTH (month, day, year) January 12th 1890

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	1	5.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) 4/5/35.

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

13. NAME OF FATHER George Johnson

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

15. MAIDEN NAME OF MOTHER Millie Kelley

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT J. Malachi Ballard

(Address) 326 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 23, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 327 N. Schroeder St.

20. FILED April 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1935 to April 17th 1935

I last saw her alive on April 10th 1935. Death is said to have occurred on the date stated above, at 5308 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Catarrhal Gastritis with acute Endocarditis	4/10/35
Other contributory causes of importance: Pelvic abscess with hemorrhage of Uterus	Unk

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. T. Gusse M. D.

(Address) 522 N. Arlington Ave

D. P. 5268-9 F 11833 ✓ F 11833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital - Tuberculosis Division Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred About 20 yrs. — mos. — ds. How long in U. S. If of foreign birth? 41 yrs. — mos. — ds.

2. FULL NAME ~~Joe Lee~~ Jew Yin

(a) Residence: No. 417 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wong Lee

DATE OF BIRTH (month, day, year) ~~10-28-1894~~ June 10, 1894 about

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
~~About 41~~	40	? 10	? 8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ~~San Francisco Cal~~ China

13. NAME Joe Yen Lee

14. BIRTHPLACE (city or town) (State or country) Cal

15. MAIDEN NAME Tom See

16. BIRTHPLACE (city or town) (State or country) Cal

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date April 22 35, 19

19. UNDERTAKER Edward Conte Co.
(Address) 108 W Monument Ave.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 18, 1931, to April 18, 1935
I last saw him alive on April 17, 1935. Death is said to have occurred on the date stated above, at 8 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Myer W Jacobson, M. D.

(Address) Balto City Hospitals

AACo. S-31 250B

F 11834

F 11834

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 E Carey St. 21 Ward)

Length of residence in city or town where death occurred 40 yrs — mos. — ds. How long in U.S. If of foreign birth? yrs mos. ds.

2. FULL NAME Charles E. Carson

(a) Residence: No. 1319 E. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mary Carson

7. DATE OF BIRTH (month, day, year) Dec 27 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
58		3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Isthmian Steamship Co

10. Date deceased last worked at this occupation (month and year) (How long (time) spent in this occupation)

11. BIRTHPLACE (city or town) (State or country) Wash D C

12. NAME Geo B Carson

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Mary E. Dengle

15. BIRTHPLACE (city or town) (State or country) Wash D C.

16. INFORMANT Mary Carson
(Address) 1319 E Carey St

17. BURIAL, REMOVAL OR CREMATION Pikesville Date 4/20/35

18. UNDERTAKER Geo H. Lembach
(Address) 525 N Eutaw St.

19. FILED APR 20 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935, to April 17, 1935

I last saw h[illegible] alive on April 17, 1935 death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	4/16/35
Other contributory causes of importance: Cardio Vascular Renal Disease	5 years.

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph G. Laubach, M. D.

(Address) 619 Washington Blvd

M. D. R. 1268-9

11835 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11835

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Geroge McCardell

(a) Residence: No. 208 D. St. St., Sparrows Pt, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Ida McCardell

DATE OF BIRTH (month, day, year) February 10, 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oiler 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. engine room.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Joseph McCardell

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Catherine ? Nelson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida E McCardell.

(Address) 208 D St Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Undertaker Date April 22, 1935

19. UNDERTAKER Raymond Fox

(Address) 3618 E Baltimore

20. FILED 19

Registrar.

APR 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-12-35 . 19 , to 4-19-35 . 19

I last saw him alive on 4-19-35 . 19 . Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz . M. D.

(Address) c/o Mercy Hospital

F 11836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11836

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3031 Pennington (St.) 17 (Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Kearney

(a) Residence: No. 3031 Pennington Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Maggie M. Kearney

DATE OF BIRTH (month, day, year) Feb 25, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wash D. C.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maggie M. Kearney

(Address) 3031 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 22, 1935

19. UNDERTAKER Thomas Tolson

(Address) 3615 E. Baltimore St.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 , to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of Lungs	
Chronic Disease of Heart	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred Tolson M. D.

Coroner

(Address) 1111 Roland Ave

M. D. B. 1268-9

✓ F 11837

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11837

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Richard Higgins

(a) Residence: No. 1205 N. Caroline St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eleanora Horrigan

6. DATE OF BIRTH (month, day, year) Oct. 12, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Richard E. Higgins

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

15. MAIDEN NAME Margaret Arnold

16. BIRTHPLACE (city or town) (State or country) -------- England

17. INFORMANT Sister M. Xavier Higgins

(Address) Mount Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 4/22 35

19. UNDERTAKER Kenny & Brady

(Address) [illegible]

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3-19-35 . 19 . to 4-19-35 . 19

I last saw h[illegible] alive on 4-19-35 . 19 . Death is said to have occurred on the date stated above, at 2.15 a m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis — Date of onset [illegible] ward

Other contributory causes of importance:

Bronchopneumonia

Cystitis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Theodore A. Schwartz . M. D.

(Address) c/o Mercy Hospital

D. B. 1268-9

Minnie Bosse — F 11838

11838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — 531 Registered No.

CITY OF BALTIMORE: (No. ... St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Minnie Bosse

(a) Residence: No. 2906 Dillon St., ... Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of George Bosse

DATE OF BIRTH (month, day, year) June 8 1879

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME of father John Lutz

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME of mother Mary Rogers

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Sacred Heart Date Apr 22 1935

19. UNDERTAKER Feby - Zimmerman (Address) 703 S Monroe

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1934 to April 18 1935

I last saw her alive on April 18 1935 Death is said to have occurred on the date stated above, at 9.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ia Coma - Cerebral Hemorrhage, Temporal Lobe Left	1934
Other contributory causes of importance: Bronchopneumonia	4/6/35

Name of operation Exploration of [illegible] Date of operation 1934

What test confirmed diagnosis? Surgery Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Graf M. D.

(Address) Balto City Hospitals

FEB 20 1935

M. D. P. 1268-9

F 11839

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11839

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital – Tuberculosis Div. Registered No.

CITY OF BALTIMORE: (No. [illegible] St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Snow

(a) Residence: No. 1505 N Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) May, 26, 1403

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Harris Moore

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Jennie Snow

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 4/20/35

19. UNDERTAKER Elroy O. Wilson
(Address) 1010 Brantley Ave

20. FILED [illegible] 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to April 16, 1935

I last saw him alive on Apr. 16, 1935 Death is said to have occurred on the date stated above, at 9.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto City Hospital

. D. H. 1268-0

F 11840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11840

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 533 W. Lanvale St. 17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Lardner

(a) Residence: No. 533 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Col	married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 4 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Alfred Smith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Georgeanna Lumbert

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frank Smith

(Address) 542 Harlem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Date 193

19. UNDERTAKER Thomas F Stanley

(Address) 518 Dent St Balto Md

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1934 to 4/18 1935

I last saw h alive on 4/17 1935 Death is said to have occurred on the date stated above, at 1:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Acute Endocarditis	
b nephritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D W Frazier M. D.

(Address) 1111 Linden Ave

F 11841

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11841

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 238 E. Montgomery St., 2 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jenie Birrone (Jennie Burns)

(a) Residence: No. 238 E. Montgomery St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed
If married, widowed, or divorced: HUSBAND of (or) WIFE of: Richard Birrone (Burns)
6. DATE OF BIRTH (month, day, year): May 30 - 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Dorchester Co.
13. NAME: Alexander Wilson
14. BIRTHPLACE (city or town) (State or country): Dorchester Co.
15. MAIDEN NAME: Mary Parker
16. BIRTHPLACE (city or town) (State or country): Dorchester Co.
17. INFORMANT: Mr Chas. Tracey
(Address): 238 E. Montgomery St.
18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: Sept 22 35
19. UNDERTAKER: Margaret F. Flynn
(Address): 1422 Light St.
20. FILED: [illegible] 1935
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Sept 17 - 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1935 to Sept 17 - 1935
I last saw him alive on 4/18/35 1935. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	4/4/35
Contributory causes of importance:	
Infirmities of age	

Name of operation: No Date of: X
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place X X X X X
Manner of injury X X
Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [illegible], M. D.
(Address)

F 11842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11842

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkins & Caton Aves 13 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Margaret Marshall

(a) Residence: No. 2594 Druid Park Drive St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Brantley Marshall.

DATE OF BIRTH (month, day, year) Jan 13, 1904

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.
13. NAME Wm. J. A. Kirwan md.
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Margaret Weyler
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Brantley Marshall.
(Address) 2594 Druid Park Drive
18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date April 22 1935
19. UNDERTAKER Margaret J. Flynn
(Address) 2107 Hilton St
20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-12 1935 to 4-19-35 1935
I last saw h~~er~~ alive on 4-19 1935 Death is said to have occurred on the date stated above, at 4 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	?
Terminal Uremic Syndrome	4-1-35
Other contributory causes of importance: Bilateral detachment of retina.	4-10-35

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon A Kemp M. D.
(Address) St Agnes Hosp.

M. D. B. 1268-A **F 11843** **F 11843**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 511 N. Washington St., 5A Ward) 1 hrs.

Length of residence in city or town where death occurred, yrs. 1 mos. dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Baby Girl Bullock

(a) Residence: No. 511 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced: (write the word): Single
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ✓
6. DATE OF BIRTH (month, day, year): April 20 - 1935
7. AGE: Years: ✓ Months: ✓ Days: ✓ If LESS than 1 day, hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: Chesterfield Robert Bullock
14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Elizabeth Frances Zebner
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Chesterfield R. Bullock
(Address): 511 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: April 20, 1935

19. UNDERTAKER: Edw. M. Ford & Son
(Address): 511 N. Washington St

20. FILED ..... 19 ..... Registrar.

APR 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to April 20, 1935

I last saw h.. alive on April 20, 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis of Newborn	
Atelectasis	

Other contributory causes of importance: None

Name of operation: None Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Frank Karlan Morris M. D.

(Address) 1129 Calvert St

M. D. B 1268-9

Maren

F 11844

F 11844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-C-94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Spence St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George J Maren

(a) Residence: No. 1719 Spence St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — none

7. DATE OF BIRTH (month, day, year) June 6 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (White)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Employment

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Geo J Maren

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Haefner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs John Mushrue

(Address) 2354 Annapolis Av

18. BURIAL, CREMATION, or REMOVAL

Place Loudon Pk Date 4/22 1935

19. UNDERTAKER Edw Tolley

(Address) 319 Wash Blvd

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Apr 19 1935

I last saw him alive on Apr 19 1935. Death is said to have occurred on the date stated above, at 8.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fortis	1932
Arterio sclerosis	1932

Other contributory causes of importance:

Coronary Thrombosis	4/19/35

Name of operation None Date of —

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C P Rostling M. D.

(Address) 2628 Washington Blvd

M. D. P. 1268-9

F 11845

1845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X ✓ 15

Registered No. .....

1. PLACE OF DEATH The Wm Memorial Hospital

CITY OF BALTIMORE: (No. 33-1 & Calvert St.) 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Mae Butler

(a) Residence: No. Pocomoke City, Md. Route #1 St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) September

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Salisbury Maryland.

13. NAME Roger H. Butler

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Bertie M. Burke

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Bertie M. Butler
(Address) Pocomoke City, Md.

18. BURIAL, CREMATION, OR REMOVAL
Butler, Eastern Shore Md. Date April 22, 1935

19. UNDERTAKER E Simonton Son
(Address) 615-17 Chestnut Ave

20. FILED APR 21 1935, 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 20, 1935

I last saw her alive on April 20, 1935 Death is said to have occurred on the date stated above, at 9.15 A.m.

The principal cause of death and related causes of importance were as follows:

Erysipelas (facial) — Date of onset 4-14-35

Other contributory causes of importance:
Otitis media, Bilateral.

Name of operation Repair Hare-lip Date of 4-3-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Landon Timberlake M. D.

(Address) Elkton. Memorial Hospital.

H. D. B. 1268-9

1846 F 11846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lorenzo Bazzo

(a) Residence: No. 716 N. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Catherine Bazzo

DATE OF BIRTH (month, day, year) Dec 20 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32		7526	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit business

10. Date deceased last worked at this occupation (month and year) 4/6/35 11. Total time (years) spent in this occupation 4 mos

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Bazzo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Anna Scalia

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Albert Damiani

(Address) 19 Glenmore Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date April 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 18, 1935

I last saw him alive on April 18, 1935 Death is said to have occurred on the date stated above, at 7.5 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain	?
	about

Other contributory causes of importance:

Name of operation Encephalogram Date of 4/18/35

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Daniel Rhoads M. D.

(Address) Mercy Hosp

H. D. P. 1268-9

F 11847

1847 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3422 Elmora Ave 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mallie V. Cohen

(a) Residence: No. 3422 Elmora St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Robert C. Cohen

7. DATE OF BIRTH (month, day, year): Oct 10 1870

8. AGE: Years: 64 | Months: 6 | Days: 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Stafford Co Va

13. NAME: Joseph Garrison

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Mary Esther Herndon

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Robert C. Cohen

(Address) 3422 Elmora Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 4/22 1935

19. UNDERTAKER: J. H. Cook & Son

(Address) 1214 E. Fayette St.

20. FILED ..... 1935 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 9. 1935 to April 19 1935

I last saw her alive on April 18 1935. Death is said to have occurred on the date stated above, at 10:05 A.M.

The principal cause of death and related causes of importance were as follows:

		Date of onset
I	Pulmonary Tuberculosis	6 Mos.
	Other contributory causes of importance:	
	Pulmonary Edema	2 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward L. Cook M. D.

(Address) 4137 Wabash Ave

D. B. 1268-9

F 11848

11848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Gaylon

(a) Residence: No. 1815 S. Charles St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Gaylon

DATE OF BIRTH (month, day, year) Aug. 30-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Anthony Obel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Cornelia Meisenholter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elmond Shannon

(Address) 1815 S. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 4/23 1935

19. UNDERTAKER Wm Loos

(Address) 1217 E. Fayette St

20. FILED 1935 ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Failure	
Other contributory causes of importance:	
Cardiac infarct	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. P. Heard M. D. M. D.

Coroner

(Address) 1305 N. Patterson Park Ave

D. B. 1768-9

F 11849

1849 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. 1 Pratt St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Teresa Detzel

(a) Residence: No. 3 3rd Ave Catonsville St., Ward. Fullerton Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of John C. Detzel

DATE OF BIRTH (month, day, year) Feb. 8/1899

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa

13. NAME Daniel Harter

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Theresa Fisher

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John C. Detzel

(Address) 3 3rd Ave Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Reading Penna. Date 4/21/35 19

19. UNDERTAKER Philip Henry Ford

(Address) 2016 Orleans St

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 3-22-35. 19 to 4-20-35. 19

I last saw her alive on 1.05 P.M. 4-20-35. 19 Death is said to have occurred on the date stated above, at 1.05 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Adeno-Carcinomus Sigmoid	3
2) intestinal obstructim	3-22-35

Other contributory causes of importance:

Name of operation Cecostomy. Date of 3-27

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Morton Levin M. D.

(Address) W. B. & A.

M. D. F. 1768-9

T 11850

1850

HEALTH DEPARTMENT—CITY OF BALTIMORE

54-13

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Alice Murphy.

(a) Residence No. 1608 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cyprian Murphy

DATE OF BIRTH (month, day, year) Jan 23, 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	2	27/26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Knit 60 57

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md

13. NAME John Mengers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Carlotine Walters

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date April 22 1935

19. UNDERTAKER Harry Rahmann & Son

(Address) 4204 Ridgewood Ave

20. FILED April 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10 1935 to 4/19 1935

I last saw her alive on 4/19 1935 Death is said to have occurred on the date stated above, at 2:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Uterine Fibroids	1 yr
Other contributory causes of importance: Paralytic Ileus	5 days

Operation refused

Name of operation Hysterectomy Date of 4/11/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) John N. Bamaby M. D.

(Address) Maryland General Hosp

M. D. R. 1268-9

✓ F 11851

HEALTH DEPARTMENT—CITY OF BALTIMORE

11851

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Maryland Avenue St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas J. Kilroy

(a) Residence: No. 2621 Maryland Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of --------

7. DATE OF BIRTH (month, day, year) May 12, ~~1882~~ 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53, ~~52~~	11	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ------ Iowa

13. NAME Martin Kilroy

14. BIRTHPLACE (city or town) (State or country) ------- Ireland

15. MAIDEN NAME Margaret Norton

16. BIRTHPLACE (city or town) (State or country) ------- Ireland

17. INFORMANT Miss Mary G. Kilroy

(Address) 2621 Maryland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 4/23 1935

19. UNDERTAKER "Kane & Mears" [illegible]

(Address) [illegible]

20. FILED [illegible] Registrar.

21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6th, 1935 to April 20th, 1935

I last saw him alive on April 20th, 1935 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Interstit. Nephritis Pulmonary Tuberculosis	about 1 yr.
	10 days
Other contributory causes of importance: Influenza	Jan. 1935

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George H. Cross, M. D.

(Address) 2810 25th St.

H. D. B 1268-8

F 11852

11852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jennie Salkowsky (SAKOLSKY)

(a) Residence: No. 2601 Forest Park Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sylvan Lewis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Woodlawn Herring Run Date 4/21/35 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1139 E. Baltimore St

20. FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	
Other contributory causes of importance: Long standing Diabetes	

Name of operation ..... Date of no

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos L Evans M. D.

Coroner

(Address) 506 E Fayette

D. H. 1268-9

F 11853

11853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. F11853

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marvin Lurz

(a) Residence: No. 330 N. Pine St St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Feb 29 1924

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Nathan Lurz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Rae Kimmel

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Nathan Lurz (Father)
(Address) 330 N. Pine St

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 4-21- 1935

19. UNDERTAKER Race Lewis Inc.
(Address) 1179 E. Balto. St

20. FILED 1935 ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicemia (Probably Meningococcic)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Joseph Raven for E. Norbeau Coroner, M. D.

(Address) ...

M. D. B. 1268-9

✓ F 11854

1854 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2316 Bryant Ave St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Taylor

(a) Residence: No. 2316 Bryant Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Mfg. 1045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL

(Place) Levin Sons Date 4/20/35, 19

19. UNDERTAKER Levin Sons
(Address) 1432 E. Baltic St

20. FILED 4/21/1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20-, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to April 19, 1935.

I last saw him alive on April 19, 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	
4 yrs with metastasis to dorsal	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. L. Hornstein, M. D.

(Address) 733 Aisquith St

M. D. F 1268-9

F 11855

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11855

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Lakewood Avenue North St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH F. BAUER

(a) Residence: No. 1408 Lakewood Avenue North St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Annie Elizabeth Bauer

6. DATE OF BIRTH (month, day, year) May 22, 1856

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
78	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0075

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New York
(State or country)

FATHER

13. NAME Joseph F. Bauer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Charles H. Knapp
(Address) 1408 N. Lakewood Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date April 22, 1935

19. UNDERTAKER Chas. F. Davidson
(Address) Mount Royal Ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1933. to April 20, 1935.

I last saw him alive on April 20, 1935. Death is said to have occurred on the date stated above, at 10.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 years ago.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None.

(Signed) Frank N. Ogden M. D.

(Address) 2701 N. Calvert St.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11856

11856

CERTIFICATE OF DEATH

Registered No. 75

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Jail St., 10 Ward)

Length of residence in city or town where death occurred 38 yrs. 11 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. MacCubbin

(a) Residence: No. 1028 Greenmount Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 11 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.S. Soldier 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 4.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph H MacCubbin

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Marie E. Lanes

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Marie E. Dalton
(Address) 1028 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date April 22, 1925

19. UNDERTAKER Edwin W. Conklin
(Address) 914 E. Fayette St.

Filed 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1925

22. I HEREBY CERTIFY That I attended deceased from 19 to 19

I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 6 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute alcoholism	10 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James M Fenlon M. D.
Coroner

(Address) 7002 Charles

H. D. B. 1268-9

F 11857

11857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME ~~Henry Weiss~~ Henry Weiss

(a) Residence: No. 628 South Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of unknown.

7. DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 40.

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. David Willard
(Address) 628 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date Apr. 24 1935

19. UNDERTAKER Henry B. O'Brien & Son
(Address) 20 W. Eager St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16 1935 to April 19 1935

I last saw him alive on April 19 1935 Death is said to have occurred on the date stated above, at 9.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis	
3. Chronic myocarditis	
4. Hypertrophy and dilatation	

Other contributory causes of importance:

1. Diaphragmatic hernia (Congenital) right	

Name of operation none Date of —

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, where?

(Signed) M. Krauskopf M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. B. 1268-0

F 11858

1858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Penitentiary St., 10-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred unk yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Cumberson Gross

(a) Residence: No. 954 Forrest St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corina Gross

6. DATE OF BIRTH (month, day, year) Aug. 9th 1908

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Switch board op.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apt. House

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 008

12. BIRTHPLACE (city or town) (State or country) Sandoven Maryland

FATHER

13. NAME William A. Gross

14. BIRTHPLACE (city or town) (State or country) Irvingsville Maryland

MOTHER

15. MAIDEN NAME Mary Rolands

16. BIRTHPLACE (city or town) (State or country) Irvingsville Maryland

17. INFORMANT Himself

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Date April 21 1925

19. UNDERTAKER Wm. Taylor Sons

(Address) 1718 Sept Ave

20. FILED 1 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1925

22. I HEREBY CERTIFY, That I attended deceased from July 25 24 1924 to April 19 24 1925

Last saw him alive on April 19 24 1925. Death is said to have occurred on the date stated above, at 12.15 A m.

The principal cause of death and related causes of importance were as follows:

Dislocation of 5th Cervical Vertebra

Date of onset

Other contributory causes of importance: Coma,

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John L. Faulk M. D.

(Address) 6006 Annunciation Rd

H. D. H. 1268-0

F 11859

11859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4209 Anntana Ave. St., 26 Ward)

Length of residence in city or town where death occurred Unknown mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Frederick Carruthers

(a) Residence: No. 4209 Anntana Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah E. Carruthers

7. DATE OF BIRTH (month, day, year) March 17th. 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	1	3 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Estimator 015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship Building

10. Date deceased last worked at this occupation (month and year) April 19.35

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Barrow in Furness England

13. NAME James M. Carruthers

14. BIRTHPLACE (city or town) (State or country) Unknown England

15. MAIDEN NAME Margaret Healey

16. BIRTHPLACE (city or town) (State or country) Unknown England

17. INFORMANT Sarah E. Carruthers

(Address) 4209 Anntana Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date April 22 1935

19. UNDERTAKER Frederick Lucas & Sons

(Address) 1501 Eutaw Place

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

Probably Coronary Stenosis — Date of onset ?

(History of anginal symptoms recently)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) J. H. Kain, M. D. Coroner

(Address) 508 E Monument

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

T 11860

11860

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 S. Broadway ..... 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Wiegman

(a) Residence: No. 6 S. Broadway ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Sept. 5. 1851

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) 11/34

11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Wiegman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. K. J. Gering

(Address) 6 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetary Apl. 22 1935

19. UNDERTAKER For the Jones Inc

(Address) 224 N. Broadway

21 1935 Filed ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April. 19. 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 13 1935 to Apr. 19 1935

I last saw h... alive on April 19 1935. Death is said to have occurred on the date stated above, at 3:55P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Apr 16

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) K. Muller J. Gering M. D.

(Address) 1900 Eastern Ave

D. B 126 F 11861 ✓ F 11861

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 181

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos. 1 ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Helen Mack

(a) Residence: No. Laurel, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 22-1933

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Cornelius Mack

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Helena Cagers

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Viola Cagers

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Bacon's Date April 22-35

UNDERTAKER Ridgely Silber

(Address) Laurel, Md

FILED ..... 19..... Registrar.

APR 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows: | Date of onset

2nd. degree burns of body

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Injury 4/20, 1935

Where did injury occur? Laurel, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell into tub of hot water

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Eugene Zeller Coroner, M. D.

(Address) 207 Eastern Ave

M. D. P. F-9 **F 11862** ✓ F 11862 **F 11862**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Kilby

(a) Residence: No. Canonsburg, Md. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Connie Kilby

6. DATE OF BIRTH (month, day, year) Dec. 10, 1874

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Post Master

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year) April 19, 1935

11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER FATHER

13. NAME Abraham Kilby

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Susan Jenkins

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Rising Sun Md. Date April 25 1935

19. UNDERTAKER J. E. Tyson
(Address) Rising Sun Md.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1935 to 4-21 1935

I last saw him alive on 4-21 1935 Death is said to have occurred on the date stated above, at 5:20 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute mechanical diverticulitis	
acute appendicitis	

Other contributory causes of importance:

Cardiac failure

Name of operation Appendectomy, Cecum Diverticulum Date of 4-20-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip A. Dunlap M. D.

(Address) Bard. Hos. Hosp.

REC'D 1935

F 11863

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11863

CERTIFICATE OF DEATH

146-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Joblon

(a) Residence: No. 1723 Moreland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis

7. DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Farber

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Libby Farber

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Israel Joblon

(Address) 1723 Moreland ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Herring Run Date April 22 1935

19. UNDERTAKER L. Levinson Bro

(Address) 1127 E Baltimore St

20. FILED 2-1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1935 to 4/21, 1935

I last saw h[illegible] alive on 4/21/35, 1935. Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obst	1 day
Carcinomatosis	over

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Paul E Carleiner, M. D.

(Address) Sinai Hospital

M. D. R. 1268-2

F 11864

F 11864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 813 Chauncey ave 43 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Belle Greenberg

(a) Residence: No. 813 Chauncey Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Abraham

6. DATE OF BIRTH (month, day, year): 1873

7. AGE: Years 62 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Meyer Rose

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Mrs A. Greenberg

(Address) 813 Chauncey Ave

18. BURIAL, CREMATION, OR REMOVAL: Levering Park

(Place) New Washington Md Date April 22 1935

19. UNDERTAKER: Sol Levinson & Bro

(Address) 127 E Balto St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1932 to 4/20/35 1935

I last saw h[illegible] alive on 4/20 1935 Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/18/35
Hypertension	1932
Renal arteriosclerosis	1932

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) L. J. Greenberg M. D.

(Address) 1326 Eutaw Pl

F 11865

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11865

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Arabia Ave St., 47 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willie E. Custer

(a) Residence: No. 4404 Arabia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND (or) WIFE of: Franklin P. Custer

6. DATE OF BIRTH (month, day, year): Jan 10th 1864

7. AGE: Years 71 | Months 3 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Charlestown W. Va.

FATHER

13. NAME: William Otty

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Margaret Miller

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Edith Barger

(Address) 4404 Arabia Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place: Parkwood. Date: 4/23/35 19

19. UNDERTAKER: Mrs Coplan

(Address) 1219 St Paul St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21st 1935

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from June 1st 1931 to April 21st 1935

I last saw her alive on April 20th 1935 Death is said to have occurred on the date stated above, at 10:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	6-1-31

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury No 19

Where did injury occur? None. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Gorsky M. D.

(Address) Hayford & Cumberland

M. D. P. 1268-9 **F 11866** **F 11866**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-e

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (Clifton Park Lake Cottage 8 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred? 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Mc Cummings
(a) Residence: Clifton Park Lake Cottage Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: James Mc Cummings

6. DATE OF BIRTH (month, day, year): Oct 24th 1844

7. AGE: Years: 90 | Months: 5 | Days: 26 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home Odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Belair Md

MOTHER'S MAIDEN NAME

13. NAME: Edward Lingen
14. BIRTHPLACE (city or town) (State or country): Belair Md.

15. MAIDEN NAME: Alice Ann Duff
16. BIRTHPLACE (city or town) (State or country): Belair Md

17. INFORMANT: Maurice Mc Cummings
(Address): Clifton Park Lake Cottage

18. BURIAL, CREMATION, OR REMOVAL: St Ignatius Cemetery
Place: Woodstock Md Date: April 23rd 1935

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: April 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1934 to April 20, 1934
I last saw her alive on April 10, 1934 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7/1/34

Other contributory causes of importance:

Anuresis - admitted after

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy? Clinical Symptoms no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Charles E. Clark, M. D.
(Address) 3214 Pudhundan

M. D. P. 1268-9 **F 11867** **F 11867**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital - Tuberculosis Div. Registered No.

CITY OF BALTIMORE: (No. ..... St., 22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Davis

(a) Residence: No. Hoffman House Eutaw & Camden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Pearl Davis

6. DATE OF BIRTH (month, day, year): Nov. 24, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Connecticut

FATHER

13. NAME: Chas Davis

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Bertha L. Johnson

16. BIRTHPLACE (city or town) (State or country): Sweden

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Date: April 22nd 1935

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935, to April 20, 1935

I last saw him alive on April 19, 1935. Death is said to have occurred on the date stated above, at 3 45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto. City Hospitals

F 11868

M. D. F. 1208-9

F 11868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Church Memorial Hosp.

CITY OF BALTIMORE: (No. 33rd & Calvert St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bobby Robert Waddell

(a) Residence: No. 344 E. 27th St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	S—56

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5, 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME Raymond Waddell

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lillian Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Roy Waddell

(Address) 344 E. 27th St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 23rd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935 to April 21 1935.

I last saw him alive on April 21 1935 Death is said to have occurred on the date stated above, at 5-7p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, RT. — Date of onset 4-16-35

Other contributory causes of importance:

Chronic Nephritis, Bilateral Convulsions, Uremia.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Langley Timberlake M. D.

(Address) Church Home Hosp

F 11869

M. D. P. 12

F 11869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham, Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle E. Lasby

(a) Residence: No. 1815 E 32nd St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 24, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Samuel W. Bibb

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Myrtle E. Lamar

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mr. Samuel W. Bibb

(Address) 1815 E. 32nd St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date Apr. 22 19 35

19. UNDERTAKER Henry Abbott, Inc. Inc.

(Address) 301 E Eager St

20. FILED 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Died on admission 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 5.15 P. m.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever — Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Daniel E. Bozzard M. D.

(Address) Sydenham Hospital

M. D. B. 1208-B F 11870

F 11870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 7 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. John Thomas

(a) Residence: No. 822 N Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Mary Thomas

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Washington Thomas

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Martha Miller

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Mrs John Thomas

(Address) 822 N Bond St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date April 22nd 1931

19. UNDERTAKER Mrs Robt A. Elliott daughter

(Address) 1129 Caroline St.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-18 , 1931

22. I HEREBY CERTIFY, That I attended deceased from 3-25 , 1931 , to 4-18 , 1931

I last saw him alive on 4-18 1931 Death is said to have occurred on the date stated above, at 9:53 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3-25-31
Hypertension	Uncertain

Other contributory causes of importance:

Name of operation ..... Date of ....

What test confirmed diagnosis? Dr Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Calvin Blue Compton M. D.

(Address) Provident Hospital

M. D. B. 126 F 11871

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11871

CERTIFICATE OF DEATH

✓ 157-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5613 Hilltop Ave., St., 27th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Marie Angela Collins

(a) Residence: No. 5613 Hilltop Ave., Raspeburg, St., 27th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	----------

6a. If married, widowed, or divorced
HUSBAND of ---- -----
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb. 24, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Louis Burkhart Collins

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Marie Angela Willy

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Louis B. Collins,

(Address) 5613 Hilltop Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date Apr. 22, 35

19. UNDERTAKER Geo M. Fink Son

(Address) 811 N Wolfe St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to April 21, 1935

I last saw her alive on April 20, 1935. Death is said to have occurred on the date stated above, at 12:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Deformity	Feb. 24 1935
Malnutrition	March 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) A. H. Bacon, M. D.
A. H. Bacon

(Address) 28 Taylor Ave., Hamilton, Md.

M. D. B. 1268-9

F 11872

F 11872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2132 Herbert St., 15 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thos M. Burns

(a) Residence: No. 2132 Herbert St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX Mal | 4. Color or race White | 5. Single, Married, Widowed or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline Burns

DATE OF BIRTH (month, day, year) May 18-1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumbing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Edward Byrns

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Pauline Burns

(Address) 2132 Herbert

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date April 22, 1935

19. UNDERTAKER John B. Rinehart & Sons

(Address) 1901 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on April 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Concussion	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. C. Link Coroner M. D.

(Address) Bonnie

M. D. B. 12

F 11873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11873

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Woman's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St. 19 Ward)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Regina Troll

(a) Residence: No. 1404 W Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

3a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

13. NAME Frederick Troll

FATHER

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina Melchior

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records of Aged Women's Home
(Address) 1404 W Lexington St.

18. BURIAL, CREMATION, or REMOVAL
Place London Park Cem Date Apr. 22 1935

19. UNDERTAKER Wm Fletcher Sons
(Address) Ford & Paves.

20. FILED ... 19... Registrar.

APR 22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1934 to April 19, 1935

I last saw h.er alive on April 19, 1934 Death is said to have occurred on the date stated above, at 3:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal Carcinoma pelvic	? over

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin E. Jones M. D.

(Address) 1115 St. Paul St.

M. D. B 1268-9

F 11874

F 11874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x✓ 210-F

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto. Gen. Hosp. St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Hubbard

(a) Residence: No. ... St., ... Ward. Annapolis, Md. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
44	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waterman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government Patrol

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Maryland

13. NAME Alonza Hubber

14. BIRTHPLACE (city or town) (State or country) Anne Arundel County Maryland

15. MAIDEN NAME Elizabeth Freeman

16. BIRTHPLACE (city or town) (State or country) Anne Arundel County Marylane

17. INFORMANT Mrs. Celia Moesch

(Address) Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis, Md. Date April 23, 1935

19. UNDERTAKER Joseph H Cook

(Address) 1003 E. Baltimore St.

20. FILED ... 193... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ngng, 19..., to ..., 19...

I last saw h. in alive on ngng 19... Death is said to have occurred on the date stated above, at 12 20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Chest	
Shock	

Other contributory causes of importance:

Automobile accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/21, 1935

Where did injury occur? Annapolis Rd nr. Marley Creek (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Fell out of a moving automobile Truck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph P Keaveny M. D. Coroner

(Address) 2200 E. Madison St.

M. [illegible] 12

F 11875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11875

V 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME JENNINGS DUTTON

(a) Residence: No. 1113 W LANVALE St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	SINGLE

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25: 1919

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
15	7	21/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. md.

FATHER

13. NAME Thurman Dutton

14. BIRTHPLACE (city or town) (State or country) Howard Co. md.

MOTHER

15. MAIDEN NAME Mary Farmer

16. BIRTHPLACE (city or town) (State or country) Frederick Co. md

17. INFORMANT Richard Farmer
(Address) Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place Daisy Cem Howard Co. Date April 24 1935

19. UNDERTAKER H. M. Snyder
(Address) Mt. Airy

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-4 1935, to 4-21 1935

I last saw him alive on 4-21 1935 Death is said to have occurred on the date stated above, at 11:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PULMONARY TUBERCULOSIS	
FIBRO PLASTIC TUBERCULOUS PERITONITIS	

Other contributory causes of importance:

Name of operation LAPAROTOMY Date of 3-16-35

What test confirmed diagnosis? CLINICAL Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Bunting Jr. M. D.

(Address)

M. D. B. 1268-9 F 11876

F 11876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2576 Druid Hill Ave St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Rudolph Wilson

(a) Residence: No. 2576 Druid Hill Ave St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (~~or WIFE of~~) Elizabeth Wilson

6. DATE OF BIRTH (month, day, year) Feb. 27, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	1	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool room owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Adolphus Wilson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Smith

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Elizabeth Wilson (wife)
(Address) 2576 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem. Date Nov. 22, 1935

19. UNDERTAKER John M. Johnson
(Address) 1700 Pennsylvania Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934, 19 .., to April 18, 1935

I last saw h[illegible] alive on April 18, 1935. Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. K. Conrad, M. D.

(Address) 1 E. Baltimore St.

M. D. F. 68-9 F 11877

F 11877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 Greenmount Ave St., 40 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME MICHAEL EDW. BRADY

(a) Residence: No. 1028-Greenmount Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	10	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired-Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Highway Dept

10. Date deceased last worked at this occupation (month and year) 00 40

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Wm. Brady

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Mary A. Clautice
(Address) Harford Rd. & Hiss Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/22/35, 19

19. UNDERTAKER Geo. J. Ruth Sons
(Address) 1425 Aisquith St

20. FILED ....., 19 .....
Registrar.

over

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1 wk

Other contributory causes of importance:

acut dilatation of heart	Sudden

Name of operation Dr Herzog Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M Fenton Coroner, M. D.

(Address) 700 E Chase

M. D. B. 1268-9

1878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

T 11878

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W. 38th St. 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Sophie Zinn

(a) Residence: No. 1104 W. 38th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race white | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 4, 1919.

7. AGE: Years 16 | Months 3 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Frederick Zinn

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Magdalena Zinn

16. BIRTHPLACE (city or town) (State or country) Hungary Germany

17. INFORMANT Mr. Frederick Zinn

(Address) 1104 W. 38th St.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 24 1935

19. UNDERTAKER Richard F. Curley

(Address) 1100 E. North Ave.

20. FILED APR 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 35, 19

22. I HEREBY CERTIFY, That I attended deceased from April 15 35, 19 to April 21 35, 19

I last saw her alive on April 21 35, 19 Death is said to have occurred on the date stated above, at 9.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous Nephritis	1 year.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Julia B. Tamber M. D.

(Address) 1432 William St.

M. D. B. 1268-9

11879 HEALTH DEPARTMENT—CITY OF BALTIMORE 11879

CERTIFICATE OF DEATH

✓ 73

Registered No.

1. PLACE OF DEATH Balto. City Hospital - H. Division

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John F. Paecht

(a) Residence: No. 1244 S. Hanover St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Margaret C. Paecht

6. DATE OF BIRTH (month, day, year) July 23, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	278	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine Operator (Cotton) American Spinner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Spinning

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation (4)

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME Gustav Paecht

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Rico

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Paecht (wife)

(Address) 1244 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 24 1935

19. UNDERTAKER Mr. Mrs. John W. Reifel & Son

(Address) 501 W. Fayette St.

20. FILED ..... 19 ..... Registrar

APR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935 to April 20, 1935.

I last saw him alive on April 20, 1935 Death is said to have occurred on the date stated above, at 5 30 P. m.

The principal cause of death and related causes of importance were as follows:

a Pulmonary Tuberculosis — Date of onset March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Karfgin M. D.

(Address) Balto. City Hospitals.

M. D. B. 1268-9

11880 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11880

CERTIFICATE OF DEATH ✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 W. Pratt St. 20 Ward)

Length of residence in city or town where death occurred 65 yrs. 0 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ida May Scott

(a) Residence: No. 2229 W. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

5a. If married, widowed, or divorced (or) WIFE of Henry F. Scott

6. DATE OF BIRTH (month, day, year) November 22-1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	4	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME John M. Scott

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Henrietta Robson

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Walter E. Smith

(Address) 2229 W. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date April 22 1935

19. UNDERTAKER George L. Schwab

(Address) 210 Frederick Ave.

20. FILED APR 22 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935 to April 19, 1935

I last saw her alive on April 19, 1935 Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/18/35
Senile Asthenia	2 / 7

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E Hellen Hemmick M. D.

(Address) 2000 Hollins St.

Filed in Baltimore, Md.

M. D. P. 1268-9

F 11881

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11881

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital - Tuberculosis Div. Registered No.

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Galloway

(a) Residence: No. 737 W Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Galloway ?

6. DATE OF BIRTH (month, day, year) Nov. 26, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Md. Baltimore

FATHER

13. NAME James McGee

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Melvin Barnhart Hospital Records

(Address) 4113 Westchester Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date April 22 1935

19. UNDERTAKER Hurley & Cook

(Address) 1007 E. Baltimore St.

22 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4 1935 to April 19 1935

I last saw her alive on April 19 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) M. W. Jacobs M. D.

(Address) Balto. City Hospital

M. D. F. 1268-9

F 11882

F 11662

F 11882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 34a-159

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Holloway (Walter L. Holloway, Jr.)

(a) Residence: No. 2437 Smith ave, St., Lansdowne Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-13-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lansdowne Md

FATHER

13. NAME Walter L. Holloway

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Minnie Mort

16. BIRTHPLACE (city or town) (State or country) Waynesboro Pennsylvania

17. INFORMANT Mr. Walter L. Holloway, (Address) 2435 Smith Ave., Lansdowne, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date April 22 1935

19. UNDERTAKER Joseph H. Cook (Address) 1008 E. Baltimore Street

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1935 to Apr 18, 1935

I last saw him alive on Apr 18, 1935. Death is said to have occurred on the date stated above, at 10:07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital syphilis	Birth
Prematurity	Birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Wassermann Rxt Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed Isaac D. Schwentker, M. D.

(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 11883

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11883

CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1409 Aisquith St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ethel Aileen Aquilla

(a) Residence: No. 1409 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 24 34

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Addison Aquilla

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

15. MAIDEN NAME Nellie Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

17. INFORMANT Addison Aquilla
(Address) 1409 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date April 22 1935

19. UNDERTAKER Robt. F. Mitchell
(Address) 1515 McElderry St

20. FILED APR 22 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at A.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably congenital heart	
92 rematurity-7 mons gestation)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) J. H. Kaiser, M. D.
Coroner

(Address) 508 Emmart Ave

M. D. P. 1268-9

F 11884 ✓ F 11884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St. 16 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Briggs.

(a) Residence: No. 928 Dean St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James.

6. DATE OF BIRTH (month, day, year) 12/20/1869 ~~1861~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65 ~~73~~	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harrington, Va.

FATHER

13. NAME John Craigg.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Pattie Carter.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place MtCalvary Date 4/22/35

19. UNDERTAKER Robt F Williams
(Address) 15 15th [illegible]

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/7, 1935 to 4/19, 1935

I last saw her alive on 4/19, 1935 Death is said to have occurred on the date stated above, at 7 19 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	2 Days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 11885

HEALTH DEPARTMENT—CITY OF BALTIMORE

1885

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sollis Eccles Hosp (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Knokey

(a) Residence: No. 1928 Bank St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of ~~(or WIFE of)~~ Sodie A Knokey

6. DATE OF BIRTH (month, day, year) May 28 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Employed at odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard Work Industry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME August Knokes

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia Truckenmiller

16. BIRTHPLACE (city or town) (State or country) Penn Pa

17. INFORMANT Sodie A ~~Knokey~~ Wife

(Address) 1928 Bank St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 25 1935

19. UNDERTAKER Lutge Zeltz & Wolfe

(Address) 403 So Wolfe St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1935, to 4-22, 1935

I last saw h[illegible] alive on 4-21, 1935. Death is said to have occurred on the date stated above, at 6:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	—

Other contributory causes of importance:

Hypertrophied Prostate Acute retention of urine	3-1

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton A Allen M. D.

(Address) 40 Rollo Road

M. D. B 1268-9

✓ F 11886

11886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137 Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James H. Dashiell

(a) Residence: No. 300 E 29th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella Wingate Dashiell

6. DATE OF BIRTH (month, day, year) Feb. 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	1	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoe Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pilot Shoe Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Pyatskin Md

FATHER

13. NAME Henry Dashiell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Ella W. Dashiell

(Address) 300 E. 29th St.

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Md Date April 23 35

19. UNDERTAKER Oram Fickus & Sons

(Address) North & Fulton

20. FILED April 23 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/30, 1935 to 4/21, 1935

I last saw h... alive on 4/21/35, 19... Death is said to have occurred on the date stated above, at 2.10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3 days
Supra-pubic cystotomy	5 days

(Over)

Other contributory causes of importance:

Name of operation Supra-pubic cystotomy Date of 4/16/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul E. Carlson, M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

✓ F 11887

11887 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 27 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME F.W. Willem Wirtz (Willem Frans Marie Wirtz)

(a) Residence: No. 633 St. Johns Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced (of) WIFE of Annie van Gulden Wirtz

6. DATE OF BIRTH (month, day, year) 5-7-88

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
67	46	11	11 13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. painter artist-not

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hague Holland

FATHER

13. NAME Carl L.W. Wirtz

14. BIRTHPLACE (city or town) (State or country) Hague Holland

MOTHER

15. MAIDEN NAME Marie Pauley

16. BIRTHPLACE (city or town) (State or country) Hague Holland

17. INFORMANT Mr. Bart Wirtz

(Address) 6707 Smith Ave.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. 23 35

Place Date

19. UNDERTAKER Wm. Michael Sons

(Address) North & Paca

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-14-35, 19 to 6-20-35, 19

I last saw him alive on 6-20-35, 19 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	
Adynamic Ileus	
Other contributory causes of importance:	
Acute Appendicitis	

Name of operation Appendectomy Date of 6-14-35

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hosp.

M. D. B. 1268-9

1888

✓ F 11888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Eastern Ave St. 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J Fruesner

(a) Residence: No. 2713 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily M Fruesner

6. DATE OF BIRTH (month, day, year) Nov 30-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (Carpenter)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg

10. Date deceased last worked at this occupation (month and year) 4/5

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles Fruesner

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Darre

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily Fruesner

(Address) 2713 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Carmel Date April 25 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Orleans St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to Apr. 24 1935

I last saw her alive on Apr 21, 1935 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema Pulmonary Heart Disease	1 yr ago
Other contributory causes of importance: Chronic Cardiac Ord.	4 yr 15-

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. H. Mercer M. D.

(Address) 1522 E. 32nd St.

M. D. R. 1268-9

F 11889

11889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-A

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Hensel

(a) Residence: No. Church Home and Infirmary St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~ White	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of None

6. DATE OF BIRTH (month, day, year) Feb, 21, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 years.	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At home odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Philip Hensel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Forman

16. BIRTHPLACE (city or town) (State or country) Boston, Mass.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date April 27 1935

19. UNDERTAKER John Ulrich & Sons Co

(Address)

20. FILED 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6 1935 to April 21 1935.

I last saw her alive on April 21 1935. Death is said to have occurred on the date stated above, at 10:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Labia	Sept 1933
Other contributory causes of importance:	
Metastases	Oct 1934

Name of operation Removal of tumor of Labia Date of 11-1-33

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ira A. Sackbreath M. D.

(Address) Church Home & Infirmary

M. D. B. 1269-9

✓ F 11890

11890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl Speer

(a) Residence: No. 2913 Montebello Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

7. DATE OF BIRTH (month, day, year) Aug 28, 1856

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	79	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt. Globe Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Ferdinand Speer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Frank

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Margaret McGonigall

(Address) 2913 Montebello

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date April 21 1935

19. UNDERTAKER John Collect

(Address) 2008 Orleans

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Unknown, 19 to 19

I last saw h alive on Unknown, 19 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Multiple Fractures

Shock

Date of onset

Other contributory causes of importance:

Automobile Accident

Name of operation none Date of ✓

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4-20 1935

Where did Injury occur? Harford Rd nr. Overland Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Joseph Sokony Coroner M. D.

(Address) 2200 E Madison St

M. D. F 1268-8

F 11891

HEALTH DEPARTMENT—CITY OF BALTIMORE

11891

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME George F. List

(a) Residence: No. 741 N. Patterson Pk. Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha

6. DATE OF BIRTH (month, day, year) Feb 11/1870

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	65	2	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engraver (Jeweler)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30+

12. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Fred G. List

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Shirm

16. BIRTHPLACE (city or town) (State or country) N.J.

17. INFORMANT Mrs Mamie Wheeler
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date April 27 19 35

19. UNDERTAKER John Ulrich
(Address) 2128 Eutaw St

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27/35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows: Sepsis- Lobar Pneumonia — Date of onset

Other contributory causes of importance: Pistol Shot Wound of mouth Mar 30/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 3/30/35

Where did injury occur? Baltimore. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Baltimore Cemetery

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner . M. D.

(Address) 508 E Fayette

M. D. B 1268-9

F 11892

HEALTH DEPARTMENT—CITY OF BALTIMORE

11892

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2311 Aisquith St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ford

(a) Residence: No. 2311 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: William

6. DATE OF BIRTH (month, day, year): May 15/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Leonard Ford

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Dont Know

17. INFORMANT: Miss Katherine Kimerly

(Address): 2311 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem Date: April 23 1935

19. UNDERTAKER: John Weiss & Sons

(Address): 2nd & Pleasant Sts

20. FILED: 22 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21/35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Shock and Cardaic Failure — Date of onset

Other contributory causes of importance:

Fractured left hip — Apr 15/35

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident — Date of injury: Apr 15/35

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: fell down stairs and to lat floor of residence

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) 506 E Lems Ln

M. D. B. 1268-9

F 11893

1893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 216-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto. Gen'l Hos St., 16 Ward)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mathilda Goetz

(a) Residence: No. Eldridge Md St.,. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

4a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): ? 1867

7. AGE: Years about 68; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: M S Levy

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: ? Goetz

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. G. N. Thompson (Address) 824 E. 35th St.

18. BURIAL, CREMATION, OR REMOVAL: Place Lorraine Date Apl. 24 1935

19. UNDERTAKER: Wm. Fletcher Sons (Address) North & Paves.

20. FILED ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apl. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture of Skull	
Other contributory causes of importance: Automobile accident	

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/21 1935

Where did injury occur Edmondson Ave + Whitmore (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph O'Leary Coroner M. D.

(Address) 2200 E Madison St

M. D. F 1268-9

F 11894 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11894

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. West Baltimore St., General Hospital Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 81 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Pierce Johnson

(a) Residence: No. 1938 W. Lanvale St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marcha V. Johnson

6. DATE OF BIRTH (month, day, year) July 24-1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	8	28?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R & Elec Co

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 56

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Philip Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Nakenhorst

16. BIRTHPLACE (city or town) (State or country) Bremen Germany

17. INFORMANT Mrs. Wood

(Address) 1938 W Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Date Wed. 24 1933

19. UNDERTAKER Wm J Tyrkus + Sons

(Address) West + Penn Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on Injury, 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Apr 21 1933

Other contributory causes of importance:

Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Injury Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Yellott V. M. D.
Coroner

(Address) 111 P.O. Broadway

Spec.—12-8-25—A Co.—200 Blks.

F 11895

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11895

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 126 S. Augusta St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rebecca Manly

(a) RESIDENCE NO. 126 S. Augusta St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. George Manly

6 DATE OF BIRTH (month, day, and year) Feb. 28, 1845

7 AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
	90	1	24	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work NONE

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Allegany

(State or country) Pa

PARENTS

10 NAME OF FATHER Joseph McFeeters

11 BIRTHPLACE OF FATHER (city or town)

(State or country) IRELAND

12 MAIDEN NAME OF MOTHER Anna McFeeters

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) IRELAND

14 Informant Mrs. Irene Weitzenkorn

(Address) 910 E. Eutaw St.

15 Filed ....., 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 21, 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 24 1934, to April 21, 1935, that I last saw her alive on April 21, 1935, and that death occurred, on the date stated above, at 12:15 A m.

The CAUSE OF DEATH* was as follows:

Generalized Arteriosclerosis

Right Cerebral Thrombosis

Nov 24, 1934

(duration) yrs. mos. ds.

CONTRIBUTORY (secondary) Myocardial Insufficiency

(duration) yrs. 1 mos. ds.

18 Where was disease contracted Home

If not at place of death?

Did an operation precede death? Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) J. J. Thrasher, M. D.

, 19 (Address) 848 W. 36th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Olivet Date of Burial Apr 24, 19 35

20 UNDERTAKER Wm J Turner & Son ADDRESS No 1 Pa

very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 11896

F 11896 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

No 3 159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3330 Chesterfield Ave St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine L. Nelson

(a) Residence: No. 3330 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) April 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or 10 min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard L. Nelson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Catherine L Dragas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Richard L. Nelson

(Address) 3330 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cemetery Date April 23 1935

19. UNDERTAKER Edgar W. Conklin

(Address) 224 Eager St

20. FILED APR 22 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19 35 to April 21 1935. I last saw her alive on April 21 1935. Death is said to have occurred on the date stated above at 1:05 a.m.

The principal cause of death and related causes of importance were as follows:

Prematurity Birth (6 1/2 mos)

Date of onset 4-21-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

M. D. P. 1208-9

F 11897

F 11897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital X ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 16 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Louis Bernstein

(a) Residence: No. 718 Washington St Cumberland, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Hebrew	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Louis Bernstein

6. DATE OF BIRTH (month, day, year) June 19 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own-

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Morris Bernstein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mollie Bernstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Louis Bernstein

(Address) Cumberland Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Date 4/22 1935

19. UNDERTAKER Frank Lewis Sons

(Address) 222 Centre Street

20. FILED 4/22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6. 1935 to April 22 1935

I last saw him alive on April 21. 1935. Death is said to have occurred on the date stated above, at 9:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism ?	4-21-35
Carcinoma of cecum	?

Other contributory causes of importance:

Name of operation Resection of cecum Date of 4-15-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury ... 19...

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp

Spec.—1-10-21—M&T—1500 Bks.

11898 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11898

93-C

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 414 N. Rose ST., 6 WARD)

2-FULL NAME Dorothy Neuberger

(a) RESIDENCE NO. 414 N. Rose ST., WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 7 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Neuberger

6 DATE OF BIRTH (month, day, and year): 8-28 1866

7 AGE — Years: 68 — Months: 7 — Days: 23 — If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework

(b) General nature of industry, business, or establishment in which employed (or employer): 0037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Unknown

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Mr Joseph Neuberger (Address) 414 N Rose St

15 Filed ..... 19 ..... Registrar: .....

APR 22 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 21, 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to April 21, 1935, that I last saw her alive on April 20, 1935, and that death occurred, on the date stated above, at 10 1/2 a.m.

The CAUSE OF DEATH* was as follows:

Myocarditis (chronic)

(duration) yrs. 6 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) Eugene L. Cronin M. D.

Apr 22, 1935 (Address) 614 Drury Lane

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mortland Memorial Park — DATE OF BURIAL: 4-24 1935

20 UNDERTAKER: Albert L. Nitz, Jr — ADDRESS: 1606 N Chester St

THIS is very important. See instructions on back of certificates.

M. D. P. 1268-9

1899 F 11899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152 n.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter C. Hunt.

(a) Residence: No. 1216 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hunt

6. DATE OF BIRTH (month, day, year) Nov. 14, 188[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Pa.

FATHER

13. NAME E. Hunt.

14. BIRTHPLACE (city or town) (State or country) (?) Ohio.

MOTHER

15. MAIDEN NAME Rhoda Cobleigh

16. BIRTHPLACE (city or town) (State or country) Erie Pa

17. INFORMANT Balto City Hospt

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date April 22, 35

19. UNDERTAKER John A. Inman

(Address) 2006 E. Baltimore St.

20. FILED 4-22-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-17, 1935 to 4-20, 1935

I last saw him alive on 4-20, 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cellulitis, Right Arm with Abscess formation	1 wk
(b)	
(c)	
(d)	

Other contributory causes of importance: Septicemia - 4 day

Name of operation Incision and drainage Abscess right arm Date of 4-14-35

What test confirmed diagnosis? Culture Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robt. J. Mantz M. D.

(Address) Balto City Hospt.

M. D. F. 1268-9

F 11900

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11900

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kenneth G Oliver

(a) Residence: No. 314 S Furrow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/1/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Edward A Oliver

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ethel Dooley

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr. 26, 1935

19. UNDERTAKER George L. Lehnert
(Address) 2101 Frederick Ave

20. FILED APR 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935 to April 22, 1935

I last saw him alive on April 22, 1935. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis,	4-4-35
Anemia, secondary	4-6-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. Schwentker, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 11901

HEALTH DEPARTMENT—CITY OF BALTIMORE

1901

CERTIFICATE OF DEATH

25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospital Ward)

Length of residence in city or town where death occurred 6 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton Mitchell

(a) Residence: No. 814 North Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 22 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	2	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0000

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Hertford N.C.

FATHER

13. NAME James Mitchell

14. BIRTHPLACE (city or town) (State or country) (?) N. C.

MOTHER

15. MAIDEN NAME Ella Mitchell

16. BIRTHPLACE (city or town) (State or country) (?) N.C.

17. INFORMANT Balto City Hospt.
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 4-23 1935

19. UNDERTAKER Saml. McCausland & Son
(Address) 624 N. Eutaw

Funeral to Wilkens Ave

FILED 4-22-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1935 to 4-20 1935

I last saw him alive on 4-20 1935 Death is said to have occurred on the date stated above, at 1145 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Peritonitis (?)	
Other contributory causes of importance: Fecal fistula	

Name of operation Exploratory Laparotomy Date of 4-5-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Robert F. Manton M. D.

(Address) Balto City Hospt.

M. D. B. 1268-9

F 11902

11902 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

105

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Eye Ear & Throat Hosp. 214 Eutaw Place 13 Ward)

Length of residence in city (or town) where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Butler

(a) Residence: No. 2542 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Henry Butler

6. DATE OF BIRTH (month, day, year): Mar 31 1891

7. AGE: Years 44 | Months — | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family
10. Date deceased last worked at this occupation (month and year): Dec 34
11. Total time (years) spent in this occupation: 11

12. BIRTHPLACE (city or town) (State or country): Stephens Hall Va

FATHER
13. NAME: Stephens Hall
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Harriet Dunga
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Henry Butler 2542 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place: Cumberland Va Date: Apr 23 1935

19. UNDERTAKER (Address): Samp. P. Chase & Son 638 N. Gilmor

20. FILED Apr 22 1935 19 Registrar RPW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw her alive on January 19 . Death is said to have occurred on the date stated above at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Edema of Larynx	
Other contributory causes of importance: Inability to Breathe	

Name of operation: Tracheotomy Date: April 22

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. Walter Knox Coroner, M. D.
(Address)

M. D. B. 1268-9

F 11903

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11903

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Franklintown Rd. St., 16 Ward)

Length of residence in city or town where death occurred 88 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Kerr McCroden

(a) Residence: No. 920 Franklintown Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Betty Morgan McCroden

6. DATE OF BIRTH (month, day, year) Dec 11, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME J. McCroden

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. James E. Dyson
(Address) 920 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date Apr 23 1935

19. UNDERTAKER Wm. McKeever & Sons
(Address) Morrell & Dukes

20. FILED APR 22 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1935 to April 21, 1935 last saw h[illegible] alive on April 21, 1935 Death is said to have occurred on the date stated above, at 5.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 17 1935
Arteriosclerosis	
Other contributory causes of importance:	
Hypostatic Congestion	April 1935

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) [illegible] M. D.

(Address) 817 Preston [illegible]

M. D. B. 1268-b

F 11904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11904

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3325 Edmondson Ave. Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Tyson Thompson

(a) Residence: No. 3325 Edmondson Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary S. Thompson

6. DATE OF BIRTH (month, day, year) Dec. 3, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 48 yrs.

12. BIRTHPLACE (city or town) (State or country) Howard Co Md.

FATHER

13. NAME Joshua Thompson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Sullivan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Mary S. Thompson

(Address) 3325 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Apr 23, 1935

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Fulton Aves

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2, 35, 19..., to Apr. 19. 35, 19... I last saw him alive on Apr. 19. 35, 19... Death is said to have occurred on the date stated above, at 9:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4-2-35
Arterio Sclerosis	5 years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Julius B. Towles M. D.

(Address) 1432 Williams St

M. D. B. 1268 F 11905

F 11905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2216 Eutaw place St., 13 Ward)

Length of residence in city or town where death occurred 28 yrs. mon. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maurice Robinson

(a) Residence: No. 2216 Eutaw place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Jennye

6. DATE OF BIRTH (month, day, year): Dec 25/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing Manf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phil. Pa

FATHER

13. NAME: Solomon Robinson

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Louis Nathans 2216 Eutaw place

18. BURIAL, CREMATION, OR REMOVAL

Place: Hebrew Friendship Date: April 23 1935

19. UNDERTAKER (Address): S. Lehnson Bros. 1127 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to April 22, 1935.

I last saw h[illegible] alive on April 22, 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteri-sclerosis (hypertension)	1 year
Other contributory causes of importance: Cerebral Hemorrhage	1 day

Name of operation ..... Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Leitz, M. D.

4-22-35 (Address) Temple Garden Apts

M. D. F. 1268-9

F 11906

F 11906

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X-108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George I. Leese

(a) Residence: No. Sparrow's Point. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 5/1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Hall, Md.

FATHER

13. NAME Robert D. Leese

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Alice Kroh

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Millard F. Leese
(Address) 4519 Kilmslow Road.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date Apr. 25 . 19 35

19. UNDERTAKER Perry Undertaking Co. Inc
(Address) 1201 E Eager St

20. FILED . 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Myocardial Hypertrophy	

Other contributory causes of importance:

Calcified tubercules of lung & spleen	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Pratt Coroner . M. D.

(Address) 508 E Fayette

M. D. F. 1268-9

F 11907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11907

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred Pride.

(a) Residence: No. 408 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rose Pride

6. DATE OF BIRTH (month, day, year) 3/28/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51		22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer. General odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Gordon.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Nancy James.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Rev. Beth.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Cemetery Date 4/23, 1935

19. UNDERTAKER Thomas E. Kelsey
(Address) 1203 Pine Lexington

20. FILED [illegible] 1935 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1935 to 4/20, 1935

I last saw him alive on 4/20, 1935 Death is said to have occurred on the date stated above, at 5:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration of Onset
Lobar Pneumonia	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Peete, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 11908

F 11908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 Stricker St. 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rev Wm F Powell Sr

(a) Residence: No. 1338 Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Florance Powell

6. DATE OF BIRTH (month, day, year) April 10, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm Powell Sr

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Norris

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Florance Powell
(Address) 1338 n Stricker st

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date April 24. 19 35

19. UNDERTAKER Thomas G. Kelson
(Address) 1303 Pennsylvania Ave

20. FILED APR 23 1935 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10 . 1935 to 4/21 . 1935

I last saw him alive on 4/21 . 1935 Death is said to have occurred on the date stated above, at 12 05 PM

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy
& Paralysis

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm Kelson . M. D.

(Address) 2124 Pa Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1265-9

F 11909

F 11909

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH Sydenham Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Shugar

(a) Residence: No. 917 N. Appleton St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Child

6. DATE OF BIRTH (month, day, year) Aug. 29, 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Alvin Shugar

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Ruth Hunt

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother (Address) 917 Appleton St

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Cemetery Date April 23- 1935.

19. UNDERTAKER Charles J. Schwab (Address) 505 N. Monroe St.

20. FILED April 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9. 1935. to April 22. 1935.

I last saw h alive on April 22. 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scarlet Fever	2 wks ago
Other contributory causes of importance: Septicemia	2 wks.

Name of operation None Date of

What test confirmed diagnosis Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Lachman M. D.

(Address) Sydenham Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1269-9

F 11910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11910

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. [redacted] St., [redacted] Ward) 50

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [redacted] How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Shroter

(a) Residence: No. 116 Barnes St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vernon Wroten

6. DATE OF BIRTH (month, day, year): April 5, 1866

7. AGE: Years 69 | Months 10 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Severn White

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Henrietta Cadbury

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital [redacted]

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 4/23 1935

19. UNDERTAKER J. F. McCully

(Address) 136 E Fort Ave

20. FILED [redacted] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 22 1935

I HEREBY CERTIFY, That I attended deceased from April 18 1935 to April 22 1935

I last saw her alive on April 22 1935 Death is said to have occurred on the date stated above, at 5:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Carcinoma of Breast, left	3 yrs.
Other contributory causes of importance: Adhesions of Intestines	?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gant M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 11911

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11911

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. Hallas St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Gross

(a) Residence: No. 306 S. Hallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Gross.

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife of 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lizzie Lofman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Jerome Gross

(Address) 306 S. Hallas St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem Date April 24 1935

19. UNDERTAKER R. Rudell & Hoppe

(Address) 1405 Eutaw St.

20. FILED . 19 Registrar.

APR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20th, 1935 to April 20th, 1935

I last saw her alive on April 20th, 1935. Death is said to have occurred on the date stated above, at 7.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	4-8
Other contributory causes of importance: Apoplexy	1 day

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob L. Kramer M. D.

(Address) 30 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 11912

F 11912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2026 Brookfield Ave St., 13 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia K. Waldorf

(a) Residence: No. 2026 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Manas Waldorf

6. DATE OF BIRTH (month, day, year) Dec. 28, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0.37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Sigmund Kittner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sarah Lowenstein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Manas Waldorf

(Address) 2026 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Cem Date Apr. 23, 1935

19. UNDERTAKER Harry Sondheim & Son

(Address) 1902 Eutaw Place

20. FILED Apr 23 1935 19.. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from about a year ago 19.. to April 22, 1935. I last saw her alive on April 22 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	about a year ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical signs and symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. T. Sherwell M. D.

(Address) 3310 Tioga Parkway.

M. D. B 1268-9

F 11913

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11913

CERTIFICATE OF DEATH

94-a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2058 Kenned/ Ave St., 9 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Dawson

(a) Residence: No. 2058 Kenned/ Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 16/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City

FATHER

13. NAME George B. Dawson

14. BIRTHPLACE (city or town) (State or country) New Jersey

MOTHER

15. MAIDEN NAME Annie Eliza Potter

16. BIRTHPLACE (city or town) (State or country) N.Y. City

17. INFORMANT May G. Dawson
(Address) 2058 Kenned/ Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date April 23 19 35

19. UNDERTAKER Albert W Deregay
(Address) 440 E. Madison St

20. FILED 23 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 20/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above at before 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Myocardial Insufficiency	
(Reported Anginal Symptoms)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.
Coroner

(Address)

M. D. B. 1368-9

F 11914

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11914

CERTIFICATE OF DEATH

34-107a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred Life'l yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jonah Daines

(a) Residence: No. 1313 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year) Dec. 4, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 [redacted]	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tanyard do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lavinia Jenkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary (Cem) Date 4/23/35 19

19. UNDERTAKER Chas H. Cowper
(Address) 514 N. Calhoun St.

20. FILED 4 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1935 to 4/20, 1935

I last saw him alive on 4/20, 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Other contributory causes of importance:	do

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. B 12[illegible] F 11915 F 11915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Hosp. St., 70 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jacob March

(a) Residence: No. 900 W Fayette St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write this word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan 16 1873

7. AGE — Years 61 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob March

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Nirken

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Miller 900 W Fayette St
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 4/23 1935

19. UNDERTAKER Margaret E Flynn
(Address) 2107 E Hilton St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Mar 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 ..... I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis
Failure
Sudden

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Regular ..... Was an autopsy held? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Blank Coroner M. D.

(Address) Coroner

M. D. B. F 11916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11916

CERTIFICATE OF DEATH

122-a

Registered No. .....

1. PLACE OF DEATH — CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Edmonds

(a) Residence: No. 1404 East Fort St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Edmonds

6. DATE OF BIRTH (month, day, year) May 2, 1878

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	56	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 037

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Richard Bittner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Claudia Stump

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Geo. W. Edmonds

(Address) 1404 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Holy Redeemer Date Apr. 24/35

19. UNDERTAKER Margaret D. Flynn

(Address) 1422 Thylor St.

20. FILED APR 24 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935, to April 21, 1935

I last saw her alive on April 21, 1935. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ventral hernia (strangulated) gangrene of small intestine	
Other contributory causes of importance:	

Name of operation Herniaplasty Date of 4-18-35

What test confirmed diagnosis? op. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. P. [illegible]

F 11917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11917

CERTIFICATE OF DEATH

1107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Megiworth.

(a) Residence: No. 1163 Carroll. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Megworth

6. DATE OF BIRTH (month, day, year) July 4, 1876.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nickel plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year) 18 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles Megworth

14. BIRTHPLACE (city or town) (State or country) Baltimore City.

MOTHER

15. MAIDEN NAME Catherine Norton.

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Records Bd. of H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 25, 1935

19. UNDERTAKER Geo H. Suttles

(Address) 2700 Edmondson Ave.

20. FILED [illegible], 19 [illegible] Registrar

APR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/4, 1935 to 4/22, 1935.

I last saw him alive on 4/22, 1935. Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

11918 HEALTH DEPARTMENT—CITY OF BALTIMORE 11918

CERTIFICATE OF DEATH

X 22

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Lackel

(a) Residence: No. 28 Woodward Rd. Essex Balto Co. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9- 1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Ludwig Lackel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Ott.

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Ludwig Lackel

(Address) Woodward Essex

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date Apr 24. 1936

19. UNDERTAKER Talbot Zellerbach

(Address) 1232 W Baltimore

20. FILED 19 Registrar.

APR 23 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22. 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19.....; Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	Apr 19/35
Infection of left knee	Apr 14/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Apr 14/3

Where did injury occur? Essex Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place yard of home

Manner of injury Fell on oyster shells

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. J. Hoen, M. D.

Coroner

(Address) 508 E Fayette

M. D. F. 1369-9

1919 HEALTH DEPARTMENT—CITY OF BALTIMORE 1919

CERTIFICATE OF DEATH

V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Virginia Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philistia Katenkamp

(a) Residence: No. 3016 Virginia Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Katenkamp

6. DATE OF BIRTH (month, day, year) Feb 10, 1917

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
18	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 3/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Roland H. Austin

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Emma L. Hunter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wm Katenkamp

(Address) 3016 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL Date 4/23/35

Place of Hyattsville Md

19. UNDERTAKER

(Address)

FILED 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to Apr. 21, 1935

I last saw her alive on Apr. 20, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chr. Nephritis	1929
Cerebral hemorrhage	4/1/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P.E. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Homer U. Dodd M. D.

(Address) 735 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 11920 F 11980

F 11920 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1313 W Lemmon St. 19 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Henry Allen Sr.

(a) Residence: No. 1313- W Lemmon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk

6. DATE OF BIRTH (month, day, year) Mar 15-1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fort Caswell N.C.

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Wm. Henry Allen

(Address) 1313 Lemmon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cem Date 4/23, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 832 N Fremont Ave

20. FILED 23 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19-, 1935 to 4-22-, 1935.

I last saw h alive on 4-17, 1935 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Val. Heart Disease arterio sclerosis Senility	4/1/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed W. A. Freeman M. D.

(Address) 610 Madison

OCCUPATION is very important. See instructions on back of certificate.

v 5-3

M. D. B. 1268-0

F 11921

F 11921 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7 Ward)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Johnny Chapman

(a) Residence: No. 613 Pierce St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 22, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. cond

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Shorter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Emma Chapman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Emma Chapman

(Address) 613 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 23, 1935

19. UNDERTAKER Jno Katz R. Williams

(Address) 32 - N. Schroeder St.

20. FILED ..... 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to April 21, 1935.

I last saw him alive on April 21, 1935. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/17

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Rowe Jr. M. D.

(Address) University Hospital

M. D. P. 1208-9

F 11922

HEALTH DEPARTMENT—CITY OF BALTIMORE

20665-1

F 11922

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town, where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Benthall

(a) Residence: No. 720 N. Mulberry St., St— Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Josephine

6. DATE OF BIRTH (month, day, year) Apr. 5 - 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
5y 5-1		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N - Car -

FATHER

13. NAME Daniel Benthalls

14. BIRTHPLACE (city or town) (State or country) N - C -

MOTHER

15. MAIDEN NAME. Maggie Parker

16. BIRTHPLACE (city or town) (State or country) N - C -

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date April 25, 1935

19. UNDERTAKER Mrs. Kytus R. Williams

(Address) 322 S. Gilmor St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1935 to Apr. 21, 1935

I last saw him alive on Apr. 20, 1935 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Miliary Tuberculosis — Date of onset Apr. 9

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry C. Slobbe M. D.

(Address) The Johns Hopkins Hospital.

M. D. P. 1268-9

F 11923

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11923

CERTIFICATE OF DEATH

34D-92a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. Life 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Smith Bethel.

(a) Residence: No. 1444 Carroll St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter Smith.

6. DATE OF BIRTH (month, day, year) 4/8/1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61		11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Wm Smith

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Mahala Baton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 25, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/8, 1935 to 4/19, 1935

I last saw her alive on 4/19, 1935 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency	10 mo.
Syphilitic	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Bates M. D.

(Address) Balto City Hosp

V. S. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11924

Registered No. 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marvin Royal

(a) Residence: No. 907 W Mulberry St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of N

6. DATE OF BIRTH (month, day, year) Jan 20-1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Royal

14. BIRTHPLACE (city or town) (State or country) Little Ga.

MOTHER

15. MAIDEN NAME Thos Jackson

16. BIRTHPLACE (city or town) (State or country) Mt Kenford Va

17. INFORMANT John Royal 907 W Mulberry (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date April 22, 1935

19. UNDERTAKER Mrs Kate R Williams (Address) 322 E Lanvale St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Gastro Enteritis	

Other contributory causes of importance: Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H Huck M. D.

Coroner

(Address)

M. D. B. 1269-9

F 11925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11925

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1622 Madison Av. (or) 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Cooper Dean

(a) Residence: No. 1625 Ashland Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Fml	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marcus Dean

6. DATE OF BIRTH (month, day, year) Aug 3-1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (037)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm H. Wright

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliza Cottrell

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Marcus Dean
(Address) 1625 Ashland Av.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date April 28 1935

19. UNDERTAKER Mrs. B. A. Elliott
(Address) 112 Caroline St.

20. FILED APR 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th A.D. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. D. Link M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 11926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11926

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2072 E Federal St., 8 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carl LeJeune

(a) Residence: No. 2072 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret LeJeune

6. DATE OF BIRTH (month, day, year) July 13 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Aug LeJeune

14. BIRTHPLACE (city or town) (State or country) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Don't Know

17. INFORMANT Margaret LeJeune
(Address) 2072 E Federal St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 24 1935

19. UNDERTAKER John Ulrich
(Address) 2002 Orleans St

20. FILED APR 23 1935, 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1935 to Apr 21, 1935

I last saw him alive on Apr 21, 1935 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Apr 2-
Other contributory causes of importance:	
Acute pulmonary oedema	3 days

Name of operation None Date of —

What test confirmed diagnosis? Physical exam Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Andrews, M. D.

(Address) 4116 Northern Parkway

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 11927

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11927

CERTIFICATE OF DEATH

Registered No. 167

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Howard Strain.

(a) Residence: No. 4th Ave. Glen Burnie, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) January 20, 1920

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	15	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME William D. Strain.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Caroline H. Fritze.

16. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

17. INFORMANT William D. Strain. (father)
(Address) 1041 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr 23 19 35

19. UNDERTAKER J. Vernon Kuhner
(Address) 2301 E. Monumental Ave

20. FILED ... 19 ... Registrar.

4/23/1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1 20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pistol shot wound of the abdomen involving the Liver.	4/9/35
Septicaemia.	
Suicide	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of Injury 4/9/35 19

Where did injury occur? Glen Burnie, Md.
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place At home.

Manner of Injury Pistol shot wound

Nature of Injury of the abdomen

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

Signed ... M. D.
Coroner

4/22/35 (Address) 1017 E. Charles St.

M. D. R. 1208-9

F 11928

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11928

CERTIFICATE OF DEATH

98

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL BALTIMORE, MD St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Rosina Rahley

(a) Residence: No. 2221 Banks St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John A Rahley

6. DATE OF BIRTH (month, day, year) April 22, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Christopher Egersdorfer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. John A. Rahley (Husband)
(Address) 2221 Bank St.

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Memorial Park Date Apr. 23 1935

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED [illegible] 1935 [signature] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30 1935 to April 20 1935

I last saw her alive on April 20 1935 Death is said to have occurred on the date stated above, at 12 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Anemia chronic	
2. Anemia chronic gangrene of right foot and leg	

Other contributory causes of importance:

Name of operation amputation thigh Date of 4-13-35

What test confirmed diagnosis? xr Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

M. D. F. 1268-0

F 11929

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11929

CERTIFICATE OF DEATH

46-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2426 E Hoffman St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E Jones

(a) Residence: No. 2426 E Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Almira S. Jones

6. DATE OF BIRTH (month, day, year): Nov 16 1900

7. AGE: Years: 34 | Months: | Days: 7 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0090

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

13. NAME: Uriah Jones

14. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

15. MAIDEN NAME: Elizabeth Woodburn

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Almira S. Jones

(Address) 2426 E Hoffman St

18. BURIAL, CREMATION, OR REMOVAL: Woodland Mem Park Date Apr 25, 1935

19. UNDERTAKER: Leonard Bluck

(Address) 305 Hanover St

20. FILED, 19, Registrar.

APR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23 35

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1935, to April 23, 1935

I last saw him alive on April 22, 1935 Death is said to have occurred on the date stated above, at 1 30 a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Splenic flexure of Sigmoid — Date of onset: March '34

Other contributory causes of importance:

Metastases

Name of operation: Resection of Sigmoid Date of: 3/24/34

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hiram Tried, M. D.

(Address) Medical Arts Bldg.

OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D. B. 1268-9

F 11930

F 11930 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3515 Old York Road St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Lee Ratcliffe

(a) Residence: No. 3515 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) Dec. 19, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Quinton W. Ratcliffe

14. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

MOTHER

15. MAIDEN NAME Mary Brenise

16. BIRTHPLACE (city or town) (State or country) York Pa.

17. INFORMANT Miss Mary Lena Ratcliffe

(Address) 3515 Old York Road

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Loudon Park Cem Date Apr. 24 1935

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED 25 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to April 22 1935

I last saw her alive on April 10 1935 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Malignant Carcinoma originating in Left Breast with Metastases.

(About 2 yrs duration from history)

Other contributory causes of importance:

Date of onset ?

Name of operation No Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wesley Cole M. D.

(Address) 2201 Harrison Blvd

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B. 1269 F 11931 ✓ F 11931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D
Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mattie Pattisall

(a) Residence: No. 2922 Westwood Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White.
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year): 3/14/1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	1	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none 0037
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Morgantown. N.C

FATHER
13. NAME: Wm. O'Dell.
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER
15. MAIDEN NAME: Sattie Beach.
16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT (Address): Verna Barbee (daughter) Balto City Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place: Danville Va Date: 4/23/35 19

19. UNDERTAKER (Address): John Grebbanckas 423 S. Paca St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/20, 1935, to 4/22, 1935
I last saw her alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.
(Address) Balto City Hosp.

V S 3 OCCUPATION is very important. See instructions on back of certificate.

[illegible] 1935

Spec.—7-17-26—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11932

11932

48

CERTIFICATE OF DEATH

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 540 E. Clement St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Rosa Babylon

(a) RESIDENCE NO. 540 E Clement St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Walter S. Babylon

6 DATE OF BIRTH (month, day, and year): Feb 5. 1883

7 AGE: Years 52 Months 2 Days 17 IF LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town): Baltimore Md

(State or country)

PARENTS

10 NAME OF FATHER: Carl Schafer

11 BIRTHPLACE OF FATHER (City or town)

(State or country): Germany

12 MAIDEN NAME OF MOTHER: Amalia Miller

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): Germany

14 Informant: Walter S. Babylon

(Address): 540 E Clement St

15 Filed [illegible] 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 22 19 35

17 I HEREBY CERTIFY, That I attended deceased from Feb 15 19 35 to April 22 19 35

that I last saw h es alive on April 22 19 35

and that death occurred, on the date stated above, at 12.10 P m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Uterus

(duration) 3 yrs. — mos. — d.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. d.

18 Where was disease contracted

If not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Sidney H Strauss M. D.

7/22 19 35 (Address) 1421 E. Fort Ave

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery - City — Date of Burial 4/25 19

20 UNDERTAKER: Geo. Lentsch ADDRESS 525 Lyndhurst St

AUG 23 1935

RFH

Cause of death must be certainly supplied. Avoid using terms like "Heart Failure," "Exhaustion," "Old Age," "Senility," "Infirmities of Age," "Pneumonia," "Uremia," "Convulsions," "Cancer," "Tumor," "Paralysis," "Hemorrhage," "Meningitis," "Septicemia," "Blood Poisoning," "Abscess," "Childbirth," "Miscarriage," "Accident," "Suicide," "Homicide," "Drowning," "Fracture," "Concussion," "Internal Injuries," "Shock," "Burns," "Scalds," "Asphyxia," "Suffocation," "Strangulation," "Coma," "Unknown," "Unattended," "Found Dead," "Natural Causes," "Not Known," "Not Diagnosed," "Not Determined," "Not Ascertained," "Not Known to Me," "Not Known to Informant," "Not Known to Physician," "Not Known to Coroner," "Not Known to Medical Examiner," "Not Known to Health Officer," "Not Known to Registrar," "Not Known to Undertaker," "Not Known to Cemetery," "Not Known to Crematory," "Not Known to Funeral Director," "Not Known to Embalmer," "Not Known to Clergyman," "Not Known to Minister," "Not Known to Priest," "Not Known to Rabbi," "Not Known to Nurse," "Not Known to Attendant," "Not Known to Relative," "Not Known to Friend," "Not Known to Neighbor," "Not Known to Stranger," "Not Known to Police," "Not Known to Fireman," "Not Known to Coroner's Jury," "Not Known to Medical Examiner's Jury," "Not Known to Health Officer's Jury," "Not Known to Registrar's Jury," "Not Known to Undertaker's Jury," "Not Known to Cemetery's Jury," "Not Known to Crematory's Jury," "Not Known to Funeral Director's Jury," "Not Known to Embalmer's Jury," "Not Known to Clergyman's Jury," "Not Known to Minister's Jury," "Not Known to Priest's Jury," "Not Known to Rabbi's Jury," "Not Known to Nurse's Jury," "Not Known to Attendant's Jury," "Not Known to Relative's Jury," "Not Known to Friend's Jury," "Not Known to Neighbor's Jury," "Not Known to Stranger's Jury," "Not Known to Police's Jury," "Not Known to Fireman's Jury," "Not Known to Coroner's Jury's Jury," "Not Known to Medical Examiner's Jury's Jury," "Not Known to Health Officer's Jury's Jury," "Not 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M. D. R. 1268-9

F 11933

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11933

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 305 So Bethel St. 3 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Weshields

(a) Residence: No. 305 So Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Leander Weshields

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Webb

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Carrie Webb

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Annie Watkins (Address) 305 So Bethel St

18. BURIAL, CREMATION, OR REMOVAL Place Asbury Cem. Date 4-23 1935

19. UNDERTAKER Bryant Manley Knight (Address) 128 Dr Eutaw St

20. FILED APR 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to April 19 1935

I last saw her alive on April 19 1935 Death is said to have occurred on the date stated above, at 6P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	Apr 19
Cerebral Apoplexy	April 15
Acute Hypertension	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. L. Reilly M. D.

(Address) 1420 E. Calvert

M. D. B 1268-9

F 11934

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11934

CERTIFICATE OF DEATH

174

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Styles

(a) Residence: No. 424 N. Eden St (Usual place of abode) St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Styles
(Address) 424 N. Eden

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date Apr 23 1935

19. UNDERTAKER
(Address)

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 14/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... about 10 A.M. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage due to stab wounds of heart	
(Butcher knife)	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? homicide Date of injury 4/14/35

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in basement kitchen of home.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. S. Hamm M. D.
Coroner

(Address) 508 E. Fayette

M. D. B. 1268-B

F 11935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11935

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 30 min ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Romero

(a) Residence: No. 2135 Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 19, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Frank Romero

14. BIRTHPLACE (city or town) (State or country) New York, NY.

MOTHER

15. MAIDEN NAME Josephine Goscinski

16. BIRTHPLACE (city or town) (State or country) Savannah, Georgia

17. INFORMANT Baltimore City Hospitals
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. Md Date April 23d, 1935

19. UNDERTAKER
(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935 to April 19, 1935

I last saw him alive on April, 1935 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Elizabeth L. Langhlutig, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 11936

F 11936 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 34-E-107-a

CITY OF BALTIMORE: (No. Balto Md Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Mills

(a) Residence: No. 320 N. Stricker St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Buried

6. DATE OF BIRTH (month, day, year) 8-2-84

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Bryant Mills

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Records Baltimore City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 23, 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19-1935

22. I HEREBY CERTIFY, That I attended deceased from 8-22 ..., 1932 to 4-19- ..., 1935

I last saw him alive on 4-19 ..., 1935 Death is said to have occurred on the date stated above, at 11:25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchopneumonia	2 days

Other contributory causes of importance:

General Paralysis Luetic Infection	unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Henry Heimuth M. D.

(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 11937

1937 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-4

1. PLACE OF DEATH Maryland General Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 64 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 63 yrs. ... mos. ... ds.

2. FULL NAME Mrs Annie McTighe

(a) Residence: No. 3016 Abell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank Tighe

6. DATE OF BIRTH (month, day, year): Aug. 8, 1868

7. AGE: Years 66; Months 8; Days 13; If LESS than 1 day, hrs. or min. ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Leo. J. Gingerich

(Address) 3014 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 4/27, 1935

19. UNDERTAKER: G. Vernon Lemmon

(Address) 4611 Park Heights

20. FILED APR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 21, 1935

I last saw her alive on April 21, 1935. Death is said to have occurred on the date stated above, at 12 38 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma head of pancreas — Date of onset .....

Other contributory causes of importance: .....

Name of operation Cholecystostomy Date of 4/5/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Barnaby M. D.

(Address) Maryland General Hosp

DO NOT WRITE IN THIS SPACE

DEATH IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 11938

F 11938 HEALTH DEPARTMENT—CITY OF BALTIMORE

149-B-144-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Kus

(a) Residence: No. 812 N. Curley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Kus

6. DATE OF BIRTH (month, day, year) Feb. 18 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	2	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home 0037

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Kablick

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Frances Kosek

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Charles Kus

(Address) 812 N. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Date 4-26 1935

19. UNDERTAKER Frank Roach & Son

(Address) 1906 Eutaw St

20. FILED ... Registrar

APR 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22nd 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1935 to April 22nd 1935

I last saw h/e alive on April 22 1935 Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of Uterus, Spontaneous	4/22/35
Other contributory causes of importance:	
Surgical Shock	4/22/35
Post partum Hemorrhage	4/22/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John M. Slemp Jr. M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1208-9

✓ F 11939

F 11939 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1731 Darley Avenue St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia Lang

(a) Residence: No. 1731 Darley Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Lang

6. DATE OF BIRTH (month, day, year) Aug. 14, 1895.

7. AGE Years	Months	Days	If LESS than 1 day, hours or min.
39	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Leonhardt Gissel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine Behn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT George Lang (Husband)
(Address) 1731 Darley Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date April 25, 1935

19. UNDERTAKER Conrad Kuhn Inc
(Address) 1705 Hoffman St Balto

20. FILED April 22 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1934 to April 22 1935

I last saw her alive on April 22 1935 Death is said to have occurred on the date stated above, at 1220 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis
General Arteriosclerosis
Bilateral Hypostatic Pneumonia

Date of onset: July 1934

Other contributory causes of importance:

Acute Coryza and Tracheitis

Date of onset: April 19 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert Ensgrow M. D.

(Address) 1705 E. Fayette St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11940

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11940

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH Maryland General Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William A Galloway

(a) Residence: No. 1809 N Bond St St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Galloway

6. DATE OF BIRTH (month, day, year) 9-22-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bricklayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

13. NAME Wm. A Galloway

14. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

15. MAIDEN NAME Jennie Porter

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date April 24 1935

19. UNDERTAKER Geo. J. Roth Inc.
(Address) 1725 Hoffman St

20. FILED ... 19 ... Registrar

APR 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1935 to 4/23, 1935

I last saw him alive on 4/23, 1935 Death is said to have occurred on the date stated above, at 2:35 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis Hypertension	
Other contributory causes of importance: General Hypostasis Embolus right brachial artery Gangrene right arm	

Name of operation ____ Date of ____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of Injury ____, 19...

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) John N Bayne M. D.

(Address) Maryland General Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec. 2-29-28—L. F. S.—100 Blks.

F 11941

F 11941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 S. Clinton ST., 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Agnes Arnold

(a) RESIDENCE NO. 335 S. Clinton ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widowed

6 If married, widowed, or divorced (or) WIFE of Fred. Albert Arnold

6 DATE OF BIRTH (month, day, and year) Jan 21 - 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER — Montz

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Fred. Albert Arnold

(Address) 335 S. Clinton St.

15 Filed [illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 20 - 1935

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1935, to April 20, 1935, that I last saw h[illegible] alive on April 20, 1935 and that death occurred, on the date stated above, at 9.30 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gall Bladder and Biliary Ducts.

Thrombocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? No

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Andrew Kwiatowski, M. D.

, 19 (Address) 2529 Eastern Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Carmel Cem.

DATE OF BURIAL 4/24 1935

20 UNDERTAKER John J. Connelly

ADDRESS Essex

important. See instructions on back of certificates.

M. D. P. 1268-9

F 11942

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 9 1934 F 11942

34a-159.

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Smallwood

(a) Residence: No. 1343 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-29-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		21 hrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Morris Smallwood

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mattie Phillips

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Date Dec 23, 1935

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1935 to April 19, 1935

I last saw her alive on April 19, 1935 Death is said to have occurred on the date stated above, at 5 50 A m

The principal cause of death and related causes of importance were as follows:

Congenital syphilis — Coma

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Patchett M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

R 2 1935

M. D. B. 1268-9

✓ F 11943

F 11943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

JOHNS HOPKINS HOSPITAL

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ronald Augustus Saunders

(a) Residence: No. 1215 Ethwig St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 19-35-

7. AGE — Years: — Months: 10 — Days: 28 — If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md -

FATHER

13. NAME Elmus Chapelle

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME Ada Saunders

16. BIRTHPLACE (city or town) (State or country): Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Md Med School Date April 24, 19 35

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17 1935 to April 17 1935

I last saw him alive on April 17, 1935 Death is said to have occurred on the date stated above, at 3 40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia and exhaustion,	4-15-35

Other contributory causes of importance:

Premature

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Atkinson M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9-3-4

M. D. P. 1268-9

F 11944

F 11944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Baker (Private)

(a) Residence: No. 726 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 14, 1935

7. AGE Years	Months	Days	If LESS than 1 day 19 hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Joseph Baker

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Carrie Thomas

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date April 23, 1935

19. UNDERTAKER

(Address)

Date April 23 1935 Registrar

13402

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14th, 1935, to April 16th, 1935.

I last saw h[illegible] alive on April 16th, 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/14/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1768-9

F 11945 ✓ F 11945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Singer

(a) Residence: No. 1826 Aiken St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 18/35

7. AGE	Years	Months	Days	If LESS than 1 day, 14 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Joseph Hospital Balto., Md.

FATHER

13. NAME John Singer

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Helen Bridges

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. McSherry Date Apr 22 1935

19. UNDERTAKER
(Address)

20. FILED APR 23 1935 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 19/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19... , to ... , 19...

I last saw h... alive on ... , 19... Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity- 7 mons gestation	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) J. H. Gallen M. D.
Coroner

(Address) 508 E. Monument

M. D. B. 1268-9

F 11946

F 11946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1128 Forrest St., 10 Ward)

Length of residence in city or town where death occurred 61 yrs. 11 mos. 3 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Agnes C. Lancaster

(a) Residence: No. 1128 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Lancaster

6. DATE OF BIRTH (month, day, year) May 18, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	11	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Batzer

14. BIRTHPLACE (city or town) (State or country) ------ Germany

MOTHER

15. MAIDEN NAME Dorothea Christ

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT William Lancaster
(Address) 1128 Forrest Street

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cemetery Date 4/24 35

19. UNDERTAKER Henry A. Myers
(Address) [illegible]

20. FILED 4-25-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935.

22. I HEREBY CERTIFY, That I attended deceased from October 1, 1932 to April 21, 1935.

I last saw her alive on April 20, 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1932
Chronic Myocarditis	"
Other contributory causes of importance: Epilepsy	1930

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Edward E. Simpson M. D.

(Address) 1613 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 11947

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11947

46-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 76 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gustav Siegel

(a) Residence: No. 105 S. East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white.	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Marie Siegel

6. DATE OF BIRTH (month, day, year) 1881 Baltimore, Md.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54 years.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Christian Wm Siegel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lehmann.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date April 25 1935

19. UNDERTAKER (Address) Josiah Lyter 1600 W. North Ave.

20. FILED ..... 19..... Registrar.

APR 25 1935

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935. to April 22, 1935.

I last saw him alive on April 22, 1935. Death is said to have occurred on the date stated above, at 12:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Liver.	Unknown

Other contributory causes of importance: Metastases

Name of operation: Clinical and pathological Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. F. Sedlacek, M. D.

(Address) Church Home & Infirmary.

F 11948

W. D. F. 1758-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11948

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 9 N.Clinton St. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carolyn Doran

(a) Residence: No. 9 N.Clinton St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Casper Doran

6. DATE OF BIRTH (month, day, year) Feb.25-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	1	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Fore Lady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Annex Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles W.Ulshiemer

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Marie S.Oliphant

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT (Address) Marie S.Oliphant 9 N.Clinton St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt.Carmel Cem. Date April24/35

19. UNDERTAKER (Address) E. J. Miller & Son 537 Fallsway

FILED APR 23 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/1935

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935, to April 21, 1935.

I last saw h[illegible] alive on April 20, 1935. Death is said to have occurred on the date stated above, at 2[illegible] A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
Laryngeal Tuberculosis	
Mycobacillus	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Andrew Newcomb, M. D.

(Address) 2329 Fenton Av.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11949

F 11949 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 9 Ward)

Length of residence in city or town where death occurred ?54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Havera

(a) Residence: No. 836 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George.

6. DATE OF BIRTH (month, day, year) 11/17/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48 54	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria.

FATHER

13. NAME George Tobe.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Anna Kamp (daughter) above.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Parkland Cemetery Date 4/23/35

19. UNDERTAKER Lippmann Cook
(Address) 217 St Paul Street

20. FILED 4-23-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1935, to 4/22, 1935

I last saw her alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c Uremia	3 mos?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

Gompers Parkland

Date CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11950

F 11950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

Registered No. .....

1. PLACE OF DEATH — Pronounced dead at the
CITY OF BALTIMORE: (No. Mercy Hospital. St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ---mos.---ds. How long in U. S. If of foreign birth 22 yrs. ---mos.---ds.

2. FULL NAME — Vincent Dacri.

(a) Residence: No. 1105 Granby St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXX HUSBAND of XXXXXXXXX — Eleanor Dacri.

6. DATE OF BIRTH (month, day, year) November 23, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	53	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Fruit peddler.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Italy.

FATHER

13. NAME — Joseph Dacri.

14. BIRTHPLACE (city or town) (State or country) — Italy.

MOTHER

15. MAIDEN NAME — Mario Rossie.

16. BIRTHPLACE (city or town) (State or country) — Italy.

17. INFORMANT — Elsie Lissie. (daughter)
(Address) 303 S. Central Ave.

18. BURIAL, CREMATION OR REMOVAL
Place Holy Redeemer Date April 24, 1935

19. UNDERTAKER — Wendell J. Leffel
(Address) 1405 Gough St.

20. FILED APR 24 1935 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 p-m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Hemorrhage due to Pistol shot wound of right lung	
Other contributory causes of importance: Homicide	

Name of operation None Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 4/21/35, 19.....
Where did injury occur? 116 1/2 E. Exeter St (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Walter Reinhardt, M. D. Coroner
4/23/35 (Address) 1017 E. Charles St.

M. D. B. F 11951

F 11951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 51-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 304 St. Dunstans Rd 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Sears Read

(a) Residence: No. 304 St. Dunstans Road Ward. Homeland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ WIFE or ~~HUSBAND~~ of Ulany S. Read

6. DATE OF BIRTH (month, day, year) Jun 3rd 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer + Lithographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. E. B. Read + Son

10. Date deceased last worked at this occupation (month and year) Feb 25 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward B. Read

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Caroline Larraber

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Stroltman Read
(Address) 304 St. Dunstans Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 4/24 1935

19. UNDERTAKER Williams Cole
(Address) 1717 N Paul St

20. FILED APR 24 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to April 22 1935

I last saw him alive on April 21 1935 Death is said to have occurred on the date stated above, at 4 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma pancreas Gland. Date of onset about July 1-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Howard J. Warner M. D.

(Address) 7604 Harmon Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11952
HEALTH DEPARTMENT—CITY OF BALTIMORE
F 11952

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3432 Virginia Ave 27 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George N. Kroner

(a) Residence: No. 3432 Virginia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Kunis

6. DATE OF BIRTH (month, day, year) Sept 19-1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Surftrs Seamster

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George N Kroner

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Richard Hershey
(Address) 3432 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 26 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

APR 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/15/35 to 4/24/35

I last saw h— alive on 4/21/35 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Hypertension	?
" Myocarditis	

Other contributory causes of importance:

Cerebral Hemorrhage (Immediate)

Name of operation ..... Date of .....

What test confirmed diagnosis? Usual Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard F. Long M. D.

(Address) 910 W ... Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B 1268-9 F 11953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11953

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Byrd St. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 3 mos 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick W. Beters.

(a) Residence: No. 1531 Byrd St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (~~XXXXXXXXXX~~) Mary Beters.

6. DATE OF BIRTH (month, day, year) December 26, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble polisher.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mary Beters. (wife)
(Address) 1531 Byrd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date April 26th 1935

19. UNDERTAKER Wm Cook
(Address) 1219 St Paul St

20. FILED ... 19... ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Otto Kaufmann, M. D. Coroner

(Address) 4/23/35 1017 E. Charles St.

M. D. F. 1200 **F 11954**

F 11954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Maryland General Hosp St., Ward) 11-3

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy Tarbert

(a) Residence: No. 5703 Gwynn Oak Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~Last Wife~~ of Miriam C

6. DATE OF BIRTH (month, day, year) aug 18-1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purchasing Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Andrew Post Inc

10. Date deceased last worked at this occupation (month and year) 6 2

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John R Tarbert

14. BIRTHPLACE (city or town) (State or country) Balto Co Md

MOTHER

15. MAIDEN NAME Caroline Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Miriam C Tarbert
(Address) 5703 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 4/25, 1933

19. UNDERTAKER William Cook
(Address) 1212 E Fayette

APR 24 1933

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1933 to April 23, 1933

I last saw him alive on April 23 1933 Death is said to have occurred on the date stated above, at 2.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-16-33

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Claude Leigh Baker M. D.

(Address) Maryland General Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 11955

F 11955

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 7 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mr Samuel Eschenbach (Eschenbach)

(a) Residence: No. 406 Fawcett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Annie Playdon

6. DATE OF BIRTH (month, day, year) Aug. 12, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engraver Bank Stationery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oscar T. Smith Co.

10. Date deceased last worked at this occupation (month and year): 1086

11. Total time (years) spent in this occupation: 1086

12. BIRTHPLACE (city or town) (State or country): Detroit Michigan

FATHER

13. NAME: Not obtainable

14. BIRTHPLACE (city or town) (State or country): Monroe Michigan

MOTHER

15. MAIDEN NAME: Not obtainable

16. BIRTHPLACE (city or town) (State or country): Not obtainable " "

17. INFORMANT: Samuel P. Eschenbach

(Address): Buffalo, New York

18. BURIAL, CREMATION, OR REMOVAL

Place: Presbyterian Cem. D. 4/24/1935

19. UNDERTAKER: Henry A. Meade & Son

(Address): 22 E. Eager St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to April 22, 1935

I last saw h[illegible] alive on April 22, 1935. Death is said to have occurred on the date stated above, at 3 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Prostate	?
	about
Other contributory causes of importance: Hypertension Cardio Vascular Disease	?
Post operative Shock	4/22/35

Name of operation: Prostatectomy Date of 4/22/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton Levin, M. D.

(Address) W. B & N

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S. 3

M. D. B. 1935-9

F 11956

F 11956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (University Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Payne

(a) Residence: No. 819 Born Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas Payne

6. DATE OF BIRTH (month, day, year) Nov 4-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Frank Warner

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Harriett Tromsley

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Edna Johnson
(Address) 218 N. Gilmor St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 25, 35

19. UNDERTAKER Mrs. Katie L. Williams
(Address) 322 S. Schroeder St.

20. FILED 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 21-. 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zellers M. D.
(Attending)
(Address) 2763 Eastern Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268

F 11957

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11957

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6009 Marlath ave St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. C. Powell

(a) Residence: No. 6009 Marlath ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick N. Powell

6. DATE OF BIRTH (month, day, year) Feb 12th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Co. (State or country) Maryland

FATHER

13. NAME Joseph Pfrinkey

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Hofstetter

16. BIRTHPLACE (city or town) Unknown (State or country) Unknown

17. INFORMANT John L. Liffel

(Address) Fullerton Md

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Date April 26, 1935

19. UNDERTAKER Frederick Feeser & Son

(Address) 740 Belair Road

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20-35 to 4-23-35

I last saw h.r alive on 4-23-35 Death is said to have occurred on the date stated above, at 2:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	4-20-35
Other contributory causes of importance:	
Nephritis.	?
	about

Name of operation none Date of

What test confirmed diagnosis? Signs Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mildred Swinefield M. D.

(Address) 5401 Belair Rd.

V. S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 11958

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11958

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Colletti

(a) Residence: No. 3454 Seneca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret.

6. DATE OF BIRTH (month, day, year) 5/22/82

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. ~~Child~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) White Hall, Md.

FATHER

13. NAME Nick Colletti

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Garnett Dailey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Dept.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 25, 1935

19. UNDERTAKER Chenoweth & Son

(Address) 3 [illegible]

20. FILED [illegible] 19 [illegible]

Registrar

APR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1935 to 4/22, 1935

I last saw him alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 6 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Butts M. D.

(Address) Balto City Hosp.

Information should be entered by typing, if possible. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 11959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11959

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Hackman.

(a) Residence: No. 160 N. Say. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 10 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Clemons

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Balage

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Bth

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 4/24 35

19. UNDERTAKER F. J. Fahey Com

(Address) 1318 Light St

20. FILED ..... 19 .....

Registrar.

R 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 4/21 1935

I last saw him alive on 4/21 1935 Death is said to have occurred on the date stated above, at 4 1/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11960 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 11960

CERTIFICATE OF DEATH

√46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2018 N Fulton Ave St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert August Lotte

(a) Residence: No. 2018 N Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Mary B Lotte

6. DATE OF BIRTH (month, day, year) Apr 14 1865

7. AGE: Years 70 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gen-Smith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna RR Co

10. Date deceased last worked at this occupation (month and year) 1925 | 11. Total time (years) spent in this occupation 45 Y

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Frederick Lotte

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Wilhelmina Loekler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary B Lotte
(Address) 2018 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date Apr 25 1933

19. UNDERTAKER J Enckner & Bro
(Address) Locust

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 22/33 . 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 . 19 .. to Apr 22/33 . 19

I last saw h~~im~~ alive on Apr 22 1933 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	1933

Other contributory causes of importance:

Carcinoma of rectum	1933

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Walter S Tubbs M. D.

(Address) 2220 Harford Blvd

V S 9

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

11961 HEALTH DEPARTMENT—CITY OF BALTIMORE 11961

CERTIFICATE OF DEATH

51-a

1. PLACE OF DEATH United States Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 15 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Thomas J. Miles (J. for Jefferson)

(a) Residence: No. 3218 Mondawmin Ave., City St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ of Sadie Rolson Miles

6. DATE OF BIRTH (month, day, year) February 5, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Master Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 3-1-1930

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Marion, Maryland.

FATHER

13. NAME John T. Miles

14. BIRTHPLACE (city or town) (State or country) ? Maryland

MOTHER

15. MAIDEN NAME Matilda F. Costin

16. BIRTHPLACE (city or town) (State or country) ? Maryland

17. INFORMANT (Address) U. S. Marine Hospital Records Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Place Sherwood Talbot Co. Md. Date Apr. 25 19 35

19. UNDERTAKER Wm. J. Tickner & Son (Address) Natl & Pa Ave.

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from January 19 1935 to April 23 1935

I last saw him alive on April 23 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of the adrenal with metastasis to lungs	unknown

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W.E. Gordon M. D.

(Address) W.E. Gordon, U. S. Marine Hospital, Balto. Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

AaCo. 5-31 250B

F 11962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11962

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., Franklin Square Hospital Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth 30 yrs. ..... mos. ..... ds.

2. FULL NAME Dominic Musacchio.

(a) Residence: No. 770 Wash. Blvd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Raffaela Musacchio

6. DATE OF BIRTH (month, day, year): Dec. 8 1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	4	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beauty Shop
10. Date deceased last worked at this occupation (month and year) April 20 1935
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country): Portacannone Italy

FATHER

13. NAME: Donato Musacchio
14. BIRTHPLACE (city or town) (State or country): Portacannone Italy

MOTHER

15. MAIDEN NAME: Maria Musacchio
16. BIRTHPLACE (city or town) (State or country): Portacannone Italy

17. INFORMANT (Address): Raffaela Musacchio 770 Washington Bld.

18. BURIAL, CREMATION, OR REMOVAL — Place Parkwood Date April 26 1935

19. UNDERTAKER (Address): Frank Della Rose 52 N. Morley St.

20. FILED ..... 19 ..... Registrar.

R 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1935 to 4-23 1935

I last saw h[illegible] alive on 4-23 1935 death is said to have occurred on the date stated above, at 10 48 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	4-21-35

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19 .....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Harry Kahn, M. D.
(Address) 523 N. Eutaw St.

Information should be carefully supplied. All items should be filled. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

1963 **HEALTH DEPARTMENT—CITY OF BALTIMORE** APR 1963

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1929-E. Lombard Street St., 2 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Sophia Dietz

(a) Residence: No. 1929-E. Lombard Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — — — —

6. DATE OF BIRTH (month, day, year) 1/15/1867

7. AGE Years	Months	Days	If LESS than 1 day: hrs. or min.
68	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William H. Dietz

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary C. Grau

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Minnie Dietz
(Address) 1929-E. Lombard Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 4/26/35 19

19. UNDERTAKER George J. Roth Inc.
(Address) 1735-Harford Ave.

20. FILED — — — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935 to April 23, 1935

I last saw her alive on April 23, 1935. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Central Apoplexy	4/19/35
Chr. Hypertension	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Walter E. Krug M. D.

(Address) 1007 E. Baltimore St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. P. 1268-9

F 11964

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11964

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 McCulloh St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stanley Evans

(a) Residence: No. 1028 McCulloh St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 23-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Sadie Evans

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Sadie Evans

(Address) 1028 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 4/24 1935

19. UNDERTAKER Frances A Hemsley.

(Address) 528 W Biddle St

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Thurs 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
6 Days	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11965

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11965

CERTIFICATE OF DEATH

71-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 417 E 23rd St., 12 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Howard

(a) Residence: No. 417 E. 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lee Howard.

6. DATE OF BIRTH (month, day, year) June 2, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	56	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper (self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

FATHER

13. NAME Henry Jackson

14. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

MOTHER

15. MAIDEN NAME Clara Jackson

16. BIRTHPLACE (city or town) (State or country) Gloucester Co. Virginia

17. INFORMANT Martha Burnell
(Address) 417 E 23rd St.

18. BURIAL, CREMATION, OR REMOVAL
Place Tho Calvary. Date April 24 1935

19. UNDERTAKER Mrs. Robert A. Elliott & Daughter
(Address) 1129 N. Caroline St.

20. FILED . 19 Registrar.

R 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21/35 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1/34 . 19 . to 4/20/35 . 19

I last saw her alive on 4/20/35 . 19 . Death is said to have occurred on the date stated above, at 4:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	1½ yrs ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Alone Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Jno. D. Julian M. D.

(Address) 434 E 23rd St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 265

F 11966

Delton

F 11966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Delton

(a) Residence: No. 1131 May St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 10/18/1898.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Charles Dilton

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Dora Kenny

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Hope Date 4/24 35

19. UNDERTAKER J. J. Flaherty Son

(Address) 1318 Eight St

20. FILED APR 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/5 1935 to 4/17 1935

I last saw him alive on 4/17 1935 Death is said to have occurred on the date stated above, at 8:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Veits M. D.

(Address) Balto City Hosp.

Information called for in this certificate is required by law. Typewriter or ink should be used in making entries, which should be legible. Use only standard abbreviations. Do not use ditto marks. Be sure to answer EACH question. If unknown, state so. Do not leave blanks. If there is no person to supply information, state so. Be careful, accurate, and complete. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1669

F 11967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11967

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 808 N. Bond St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Cager

(a) Residence: No. 808 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Cager

6. DATE OF BIRTH (month, day, year) 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md

FATHER

13. NAME William Cager

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Leeds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Bertha Cager

(Address) 808 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date 4-24 1935

19. UNDERTAKER Bynon & Myrnie W. Wright

(Address) 1218 Eldersley St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10 1935 to 4-21 1935

I last saw him alive on 4-21 1935 Death is said to have occurred on the date stated above, at 11 50 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	4/10/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Geo. E. Allen M. D.

(Address) 510 Cumpston St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 6 1935

M. D. B. 1268-9

F 11968

F 11968 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 10 1/2 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 56 yrs. 5 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. McKenna

(a) Residence: No. 10 1/2 Valley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard J. McKenna

6. DATE OF BIRTH (month, day, year) Oct. 25, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Oct. 1934

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles E. Dorsey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Conglehin

16. BIRTHPLACE (city or town) (State or country) Limerick Ireland

17. INFORMANT Mr. Bernard J. McKenna
(Address) 10 1/2 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date April 26 1935

19. UNDERTAKER Elmer H. Conglehin
(Address) 924 E. Eager St.

20. FILED [illegible] 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to April 23, 1935
I last saw h[illegible] alive on April 23, 1935 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Papilloma probably Carcinoma of Face	6 Mos

Other contributory causes of importance:
None

Name of operation Exploratory Date of 3-1-35
What test confirmed diagnosis? Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. W. Peace, M. D.
(Address) Earl Ct after Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 24 1935

M. D. B. 1268-9

VF 11969

11969 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Caroline St. 4th Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Jordan

(a) Residence: No. 303 N. Caroline St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	Married

5a. If married, widowed or divorced HUSBAND of (or ~~WIFE of~~) Willie Ann Jordan

6. DATE OF BIRTH (month, day, year) March 3 —

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 50		20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shutterville Lancaster County Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Willie Ann Jordan.
(Address) 303 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL Shutterville, Lancaster County Va. 4/25 1935

19. UNDERTAKER Robert F. Young
(Address) 804 N. Caroline St.

20. FILED APR 24 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-21, 1935 to 4-23, 1935

I last saw him alive on 4-22, 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	4/21/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Autopsy? was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. T. Callum, M. D.

(Address) 550 Lanvale St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

11970 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11970

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2024 Mt. Auburn St. Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Young

(a) Residence: No. 2024 Mt. Auburn St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

13. NAME Susan Hoffman

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Laura Shepherd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Laura Shepherd

(Address) 2024 Mt. Auburn St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/24/35 19

19. UNDERTAKER Mrs. George R. Collins

(Address) 1617 Druid Hill Ave.

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24/35 19

22. I HEREBY CERTIFY, That I attended deceased from 4/18/35 19 to 4/24/35 19

I last saw her alive on 4/24/35 Death is said to have occurred on the date stated above, at 7:45 A.M.

The principal cause of death and related causes of importance were as follows:

For 4 days

Coma Cerebrum 4/24/35

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Hill, M. D.

(Address) 422 Madison

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.

M. D. P. 1268-9

F 11971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a
Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward 11)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dave ~~Brown~~ Brickenridge

(a) Residence: No. 921 Mc Cullough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. restaurant 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Robert Brickenridge

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Sidney Downer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alexander Brickenridge
(Address) 921 Mc Cullough St.

18. BURIAL, CREMATION OR REMOVAL
Place Mt Auburn Date 4/25/1935

19. UNDERTAKER Frances A Heneley
(Address) 6 E Lexington St

20. FILED APR 24 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1935 to 4/21, 1935

I last saw her alive on 4/21, 1935 Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, pneumonia	?

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11972 HEALTH DEPARTMENT—CITY OF BALTIMORE E 11972

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3902 Old York Road St., 9 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET A. STARKEY.

(a) Residence: No. 3902 Old York Road. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph H. Starkey

6. DATE OF BIRTH (month, day, year) Sept. 22nd. 185[illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Maurice Starkey
(Address) 3902 Old York Road.

18. BURIAL, CREMATION, OR REMOVAL Maryland Memorial Park
Place ~~Rachmone~~ Cemetery, Date April 26 19 35

19. UNDERTAKER Chas F. Grace & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 19 Miss Register.

APR 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd. 19 35

22. I HEREBY CERTIFY, That I attended deceased from August 19 29 to April 23 19 35

I last saw her alive on April 23 19 35 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1929
Other contributory causes of importance: Arterio Sclerosis	1929

Name of operation — Date of No

What test confirmed diagnosis? — Was there an autop

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Edgar P. Sandrock M. D.

(Address) Medical Arts Bldg.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11973 ✓ F 11973

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2118 N.Charles St. St. 12 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Maria Goldsborough Massey

(a) Residence: No. 2118 N.Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Goldsborough

6. DATE OF BIRTH (month, day, year) Feby 1844

7. AGE	Years	Months	Days	If LESS than 1 day... hrs. or min.
	91	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

FATHER

13. NAME Griffin N.Goldsborough

14. BIRTHPLACE (city or town) (State or country) Talbott Co. Md.

MOTHER

15. MAIDEN NAME Ann Reynolds

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Katherine G.Goldsborough
(Address) Greensboro Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Greensboro Md. Date Apr.25.1935

19. UNDERTAKER John O.Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1935 to Apr 23, 1935

I last saw h alive on Apr 23, 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Apr 17

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. N. Pearce M. D.

(Address) 2105 N.Charles St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 4 1935

V. S. 2

M. D. P. 1268-9

F 11974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11974

Registered No. x 154

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital Ward)

Length of residence in city or town where death occurred yrs. 46 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward West

(a) Residence: No. 56 S. 6th St. Frederick, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 19, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Ralph West.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Gladys Morbey

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs Fowler
(Address) Herman's Hospital.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Md Date June 24. 1935

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 5 . 1935 to April 20 . 1935
I last saw him alive on April 20 . 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Osteomyelitis of Tibia & Femur, Brain Abscess	3 wks.
Otitis Media, acute Staphylococcus Hemolyticus	6 wks.
	2 wks.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Daniel E Boyarsky M. D.
(Address) Sydenham Hospital

S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

✓ F 11975

11975

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-139B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane L. Barrett

(a) Residence: No. 1027 Stiles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Married

7a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16, 1885

7. AGE: Years 49 | Months 6 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Jesse Allen

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Munn

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Thomas Lewis

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date Dec 24, 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935 to June 20, 1935

I last saw h alive on June 20, 1935 Death is said to have occurred on the date stated above, at 11:5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Lobar Pneumonia	?
Acute Acute Nephritis	?

Other contributory causes of importance:

Terminal Cystitis	4/1/35
Partial Intestinal Obstruction	4/1/35
Syphilis - Organic Surgical Shock	4/5/35

Name of operation Exploratory Laparotomy Date of 4/5/35

What test confirmed diagnosis? Labn Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leonard L. Tyson M. D.

(Address)

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11976 ✓ F 11976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 122-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Andrews Wallace

(a) Residence: No. Street P. O. Harford Co, Ward Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. James A Wallace

6. DATE OF BIRTH (month, day, year) Dec. 26, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Wilson Wallace

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Louise Hamlett

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Delta Pa Date Apr 27 1935

19. UNDERTAKER H. L. Hafer

(Address) Delta Pa

22. FILED ... 19... Registrar.

R 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1935 to April 24 1935

I last saw him alive on April 24 1935. Death is said to have occurred on the date stated above, at 4.05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia—Hemo. strept Cellulitis of buttock	4.2.35

Other contributory causes of importance:

Name of operation Hemipelvectomy (L) Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Fares, M. D.

(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Bks.

F 11977 ✓ F 11977

F 11977 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-A

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 116 W. Cross ST. 23 WARD)

2-FULL NAME Sarah Wallace

(a) RESIDENCE NO 116 W. Cross ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col.	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of James Wallace

6 DATE OF BIRTH (month, day, and year) Not Known

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	-	-	

8 OCCUPATION OF DEACEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer Unknown

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Sutton Spriggs

11 BIRTHPLACE OF FATHER (city or town) (State or country) Calvert Co Md

12 MAIDEN NAME OF MOTHER Mary Cooper

13 BIRTHPLACE OF MOTHER (city or town) (State or country) St. Michaels Md

14 Informant (Address) Walter B. Spriggs 129 E Preston St

15 Filed APR 24 1935, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr 22 35

17 I HEREBY CERTIFY, That I attended deceased from Apr 19, 1935, to Apr 22, 1935

that I last saw h alive on Apr 21, 1935

and that death occurred, on the date stated above, at 5 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(duration) ... yrs. ... mos. 3 ds.

CONTRIBUTORY (Secondary) Malignant Hypertension

(duration) ? yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) D J Connell M. D.

4/24 1935 (Address) 109 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Alburn Cemtery — DATE OF BURIAL 4/25 1935

20 UNDERTAKER Geo. P. A. Gibson — ADDRESS 133 Druid Hill Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 11978 HEALTH DEPARTMENT—CITY OF BALTIMORE F 11978

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 East Eager St., St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Josephine H Mann

(a) Residence: No. 420 E Eager St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Sept 16 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Jos K Mann

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Amanda Walters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs B Hunter

(Address) 97 S Allen St Albany N Y

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 4/25 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.,

20. FILED APR 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy about 2 days	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) James M Gordon M. D.
Coroner

(Address) 2 E Chase

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

✓ F 11979

11979 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 420 E Lager St., St., 10 Ward)

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Katherine E Mann

(a) Residence: No. 420 E Lager St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of single

6. DATE OF BIRTH (month, day, year) June 1 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ood

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jos K Mann

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Amanda Walters

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. B Hunter 97 S Allen St
(Address) Albany New York

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date 4/25/35
Tom ok.

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.,

20. FILED ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 19..... Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
about 1 Wk	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M. Fenton M. D.
Coroner

(Address) 2002 Chase

Use black ink or indelible pencil. Typewrite or print plainly in capitals. ALL items must be answered. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 24 1935

M. D. B. 1268-9

F 11980

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 11980

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4535 Pimlico Rd St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martha J. Van Leeuwen

(a) Residence: No. 4535 Pimlico Road Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 1-1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Theodore Van Leeuwen

14. BIRTHPLACE (city or town) (State or country): Holland

MOTHER

15. MAIDEN NAME: Ada Evans

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Theodore Van Leeuwen 4535 Pimlico Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: April 26 35 19

19. UNDERTAKER (Address): Williams Cook 1212 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis,	
Other contributory causes of importance: Appendicitis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) John H. Normen Coroner, M. D.

(Address) 962 Holland Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 4-1935

M. D. B. 1268-9

F 11981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11981

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Edward Smith

(a) Residence: No. 252 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Smith

6. DATE OF BIRTH (month, day, year) 9/12/1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	7	10	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Atlantic Robinson Produce Co

10. Date deceased last worked at this occupation (month and year) Jan 1931

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Geo. Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Rosie ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date April 26th 1935

19. UNDERTAKER Cunningham Cook
(Address) 1217 St Paul Street

20. FILED , 19 .
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/21 . 1935 to 4/23 . 1935

I last saw h/m alive on 4/23 . 1935 Death is said to have occurred on the date stated above, at 5 25/a m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH INKING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11982

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11982

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1333 Richardson St., 7 4 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? 60 yrs. mos. ds.

2. FULL NAME Mary Holmsted

(a) Residence: No. 1333 Richardson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martin Holmsted

6. DATE OF BIRTH (month, day, year) May 12, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT (Address) Martin Holmsted 1333 Richardson St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 27, 1935

19. UNDERTAKER (Address) J. Howard Evans 1400-02 N. Charles St

20. FILED APR 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11, 1935, to April 24, 1935

I last saw her alive on April 23, 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Jan 1935
Uremia	4-23-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) A. E. Sollod, M. D.

(Address) 207 E. Fort Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1525 Barrington St. 24 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Siffrin

(a) Residence: No. 1525 Barrington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph N. Siffrin

6. DATE OF BIRTH (month, day, year) Aug 23, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J.

FATHER

13. NAME William Mullica

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Martha Bates

16. BIRTHPLACE (city or town) (State or country) N. J.

17. INFORMANT Frederick W. Siffrin

(Address) 1938 35th N. W. Wash. D. C.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Pleasant Memorial Park Date April 25 1935

19. UNDERTAKER A. Howard Evans

(Address) 1402 Park Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd, 19

22. I HEREBY CERTIFY, That I attended deceased from April 20th, 19 to April 23rd, 19

I last saw her alive on April 23rd, 19 Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	May
	May 20

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. Bratton M. D.

(Address) 1203 Eutaw

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126 F 11984

F 11984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X ✓ 161-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Poole

(a) Residence: No. Forest Hall Md. St., Maternity Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-23-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Charles Poole

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Charles Poole
(Address) Forest Hall, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Harford Co Date Apr 25 1935

19. UNDERTAKER Edgar V. Isett
(Address) Belair Md

20. FILED Apr 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 1935 to April 24 1935

I last saw her alive on April 24 1935 Death is said to have occurred on the date stated above, at 10½ A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis?	4-23-35
Primary cause not known	
Maternal toxemia of pregnancy	4-10-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PR 25 1935

AACo. 5 8/28/30 F 11985

F 11985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Franklin Square Hospital

Registered No. 131

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alex Guthrie

(a) Residence: No. Hampton Rd, St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine A S. Guthrie

6. DATE OF BIRTH (month, day, year) Oct. 27, 1852

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
82	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Jan 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampton, Md (State or country)

FATHER

13. NAME Alex. Guthrie Sr.

14. BIRTHPLACE (city or town) Newark, (State or country) Del.

MOTHER

15. MAIDEN NAME Catherine A Lamm

16. BIRTHPLACE (city or town) Newark, (State or country) Del.

17. INFORMANT Mrs. Lorena Guthrie (Address) Hampton, Md

18. BURIAL, CREMATION, OR REMOVAL. Place Glyndon Cem. Hampton, Md Date Apr. 28 1935

19. UNDERTAKER Wm. C. Brooks & Son (Address) Sparks, Md

20. FILED APR 29 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1935, to 4-25-1935

I last saw him alive on 4-20 1935 death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Chronic Myocarditis	
arteriosclerosis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) J. Howe Moore M. D.

(Address) Franklin Sq Hosp.

A. R. MARTIN PRINT, BALTIMORE—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11986

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11986

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Hammersla

(a) Residence: No. 1145 Sargeant St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 8. 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	2	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George F. Hammersla

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Estelle Fletcher

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT George F. Hammersla

(Address) 1145 Sargeant St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date Apr 26. 1935

19. UNDERTAKER Mr. Mrs. John H. Teufel & Son

(Address) 201 W. Lafayette St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24th 1935 to April 24th 1935

I last saw her alive on April 24th 1935 Death is said to have occurred on the date stated above, at 8 40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles (Malignant type)	April 23d
Other contributory causes of importance: Cerebral Oedema	April 24th

Name of operation Spinal Tap Date of April 24th

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lamston L. Brown M. D.

(Address) University Hospital.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

RECEIVED

M. D. B. 1268-9 F 11987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11987

CERTIFICATE OF DEATH X 157-B

1. PLACE OF DEATH Women's Hospital

CITY OF BALTIMORE: (No. Baltimore St. 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Bevan

(a) Residence: No. Catonsville - Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) April 27, 35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ray E Bevan

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irene Smith

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mother
(Address) .....

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Laboratory Date ....., 19..

19. UNDERTAKER Embalmer
(Address) .....

20. FILED ....., 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on April 27, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Abnormality	
Term Child - Complete	
Other contributory causes of importance:	
Spina Bifida.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Emily Murray M. D.

(Address) 9 Cathedral Street

Spec.—8-16-29M. F 11988

F 11988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1385. Highland Ave. 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Premature infant Wright

(a) RESIDENCE NO. 138 S. Highland Ave. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): single

5a If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of: none

6 DATE OF BIRTH (month, day, and year): April 20 '35

7 AGE: Years | Months | Days | If LESS than 1 ~~day, hrs.~~ or ~~20~~ min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none 0000

(b) General nature of industry, business, or establishment in which employed (or employer): premature infant

(c) Name of employer: none

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Edwin W. Wright

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto Md.

12 MAIDEN NAME OF MOTHER: Lillian Rogers

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Balto Md.

14 Informant: Edwin W. Wright

(Address): 138 S. Highland Ave.

15 Filed ____ 19__ ____ Registrar

APR 25 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 20 35

17 I HEREBY CERTIFY, That I attended deceased from April 20, 1935, to April 20, 1935, that I last saw h in alive on April 20, 1935 and that death occurred, on the date stated above, at ____ m.

The CAUSE OF DEATH* was as follows:

premature delivery

abt 6th month of pregnancy

(duration) ____ yrs. ____ mos. ____ ds.

CONTRIBUTORY (Secondary): no history

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death? X

Did an operation precede death? no Date of X

Was there an autopsy? no

What test confirmed diagnosis? X

(Signed) A. W. Wright, M. D.

4/20/, 1935 (Address) 1040 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Cemetery

DATE OF BURIAL: 19

20 UNDERTAKER

ADDRESS

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 11989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11989

CERTIFICATE OF DEATH

✓ 82-D

1. PLACE OF DEATH Lemndale

CITY OF BALTIMORE: (No. Belvedere Greenspring 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Abraham Ehrenn

(a) Residence: No. Hebrew Home for Aged & Infirm St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stonecutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Quarry

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Velya Latvia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Rumbland Lemndale

(Address)

18. BURIAL, CREMATION, OR REMOVAL Hebrew Herzog Mem Date 4/26/35 19

19. UNDERTAKER Sol Levin Inc 1432 E. Baltimore St.

(Address)

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-21 1932 to ... 1935

I last saw h.. alive on April 24 1935. Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left hemiplegia	
Arteriosclerosis	
Hypertension	about
Chr. Bronchitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Edmund Rosen M. D.

(Address) Lemndale

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 25 1935

M. D. P. 1268-9

F 11990

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11990

CERTIFICATE OF DEATH

✓ 46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5334 Maple Ave. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Lea Shamins

(a) Residence: No. 5334 Maple Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lauf Shamins

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aaron Halpen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Samuel Friedman

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Hebrew Mt. Carmel Date 4/26 1935

19. UNDERTAKER Levi Levin Inc

(Address) 1439 E. Balto. St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to April 25 1935

I last saw h[illegible] alive on April 24 1935 Death is said to have occurred on the date stated above, at 3:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus + metastasis.	
Other contributory causes of importance: Hemmorage Pect.	

Name of operation — Date of —

What test confirmed diagnosis? Yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Abraham Schapiro M. D.

(Address) 2028 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. F. 1268-9

F 11991

HEALTH DEPARTMENT—CITY OF BALTIMORE

~~97660~~ F 11991

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St. 15 ..... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis Holcomb

(a) Residence: No. 1632 N Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

3a. If married, widowed, or divorced WIFE of (or) HUSBAND of Gussie

6. DATE OF BIRTH (month, day, year) April 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Junk Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 20 25

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Ellis Holcomb

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lula Stellen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Herman Rosedale Cem. Date 4/25/35

19. UNDERTAKER Jack Levy Inc
(Address) 1439 E. Baltimore St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4 1935 to April 23 1935

I last saw him alive on April 23 1935 Death is said to have occurred on the date stated above, at 5 30 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hemorrhagic Nephritis, Uremia	1930

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Carmichael Pilgrim M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 25 1935

M. D. B. 1268-9

F 11992

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11992

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital

Registered No. 131

CITY OF BALTIMORE: (No. Lafayette & Garland St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna La Baff

(a) Residence: No. 2318 Whitelock Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie (Levy)

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr's office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Benjamin La Baff

14. BIRTHPLACE (City or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Yetta

16. BIRTHPLACE (City or town) (State or country) Russia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Levindale Cemetery Phila. Date 4/25/35 19

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E. Baltimore St.

20. FILED APR 25 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/12/35, 19 35 to 4/23, 19 35

I last saw her alive on 4/23, 19 35. Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Glomerulo Nephritis	?
2. Uremia	?

Other contributory causes of importance:

1. Acute Myocardial failure	4/21

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jean A. Lyman M. D.

(Address) West Balto. Gen'l Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11993

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11993

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 835 Wellington St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie L. Neepier

(a) Residence: No. 835 Wellington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William H. Neepier

6. DATE OF BIRTH (month, day, year) Oct 4-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John W Boyer

14. BIRTHPLACE (city or town) (State or country) Baltimore City

MOTHER

15. MAIDEN NAME Fannie R. Stansbury

16. BIRTHPLACE (city or town) (State or country) Baltimore City

17. INFORMANT Harry Neepier

(Address) 3401 Lindell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date Apr 25 1935

19. UNDERTAKER A. D. Marshall

(Address) 3539 Falls Road

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1935 to April 23, 1935

I last saw h alive on April 23, 1935 Death is said to have occurred on the date stated above, at 7.40 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis c Volvular Heart disease	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edw M Bogarty M. D.

(Address) 1115 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 11994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11994

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3607 Keswick Rd St., 13 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hossfeld

(a) Residence: No. 3607 Keswick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Henry Hossfeld

6. DATE OF BIRTH (month, day, year) March 24-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME William Grant

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Slaughter
(Address) 3607 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem Date 4/26/35

19. UNDERTAKER C. D. Marshall
(Address) 3139 Falls Rd

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan . 1932 to April 24 . 1935
last saw h e alive on April 24 . 1935 Death is said to have occurred on the date stated above, at 6-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiac disease	2
Cardiac failure	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.
(Address) 342 Charles St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

APR 26 1935

M. D. B 1268-9

F 11995

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11995

CERTIFICATE OF DEATH

✓ 157-C

1. PLACE OF DEATH Dead on arrival at

CITY OF BALTIMORE: (No. Hopkins Hospital St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Schadty

(a) Residence: No. 702 N. Bradford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 14/35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Schadty

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret Banks

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Margaret Schadty
(Address) 702 N. Bradford St

18. BURIAL, CREMATION, OR REMOVAL
Place Trinity Cemetery Hartford Co. Date April 26, 1935

19. UNDERTAKER Chas. C. Miller & Son
(Address) 2384 Jefferson St.

20. FILED ..., 19... Registrar.

APR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23/35

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart (Patent Foramen Ovale)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) H. H. Davis, M. D.
Coroner

(Address) 5016 Main St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 11996

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11996

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth* yrs. mos. ds.

2. FULL NAME John Anderson.

(a) Residence: No. 512 Collett. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co, Md.

FATHER

13. NAME John Anderson.

14. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

MOTHER

15. MAIDEN NAME Louisa Anna ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co, Md

17. INFORMANT Records Beth.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 4/25, 1935

19. UNDERTAKER Thomas E. Wilson

(Address) 1303 Pressman St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/29, 1934 to 4/22, 1935

I last saw him alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 2:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency (3)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Peter, M. D.

(Address) Balto City, Md.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. F. 1268-9

Scrib

F 11997

F 11997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

Length of residence in city or town where death occurred 18 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Joseph Scrib

(a) Residence: No. 831 N. Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lillian

6. DATE OF BIRTH (month, day, year) 4/15/96.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39.		7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Scriber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Saphie

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 4/26/ 19 30

19. UNDERTAKER Thomas E. Kelson
(Address) 1323 Presstman St.

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 . 1930

22. I HEREBY CERTIFY, That I attended deceased from 4/20 . 1930 to 4/22 . 1930

I last saw him alive on 4/22 . 1930 Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	9 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

PR 25 1935

M. D. F. 1268-9

F 11998

F 11998 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-92-2

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Addison

(a) Residence: No. 1947 Booth St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 7/30/1897

7. AGE: Years 37 | Months 8 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Truck driver.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc:

10. Date deceased last worked at this occupation (month and year): 6 23

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ellicott City, Md.

FATHER

13. NAME: Samuel Addison.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Nancy H Williams

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 4/26, 1935

19. UNDERTAKER: Thomas E. Kelson

(Address) 1303 Pres. Thomas Sts.

20. FILED APR 25 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1935 to 4/22, 1935

I last saw h[illegible] alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo.
Aortic insufficiency	?
Syphilis.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 11999

F 11999

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St. 15 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME OTIS CRAWFORD.

(a) Residence: No. 1514 N. FREMONT St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	BLACK	MARRIED

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Lucy Crawford

6. DATE OF BIRTH (month, day, year) 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chesterfield S. C.

FATHER

13. NAME Jack Crawford

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Hester ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Lucy Crawford
(Address) 1514 Fremont ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/26 1933

19. UNDERTAKER Thomas C. Kelly
(Address) 1303 Preston, n. e. cor. St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-23 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1933, to 4-23 1933.

I last saw h IM alive on 4-23 1933. Death is said to have occurred on the date stated above, at 5 P.M. Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA (Right)	4-11
EMPYEMA (R.L.)	4-18
ACUTE PURULENT PERICARDITIS	4-20

Other contributory causes of importance: DIABETES MELLITUS

Name of operation THORACOTOMY Date of 4-22

What test confirmed diagnosis? CLINICAL Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John C. Crumlish M. D.

(Address) Community Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 12000 ✓ F 12000

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 300 Penna Ave St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Johnson

(a) Residence: No. 300 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col'd
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of: Caroline Johnson

6. DATE OF BIRTH (month, day, year): Mar 12 1860

7. AGE: Years 75 | Months 1 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Montgomery Co Md

FATHER

13. NAME: Unk
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unk
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Caroline Johnson 300 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cemty Date April 26 1935

19. UNDERTAKER (Address): Thomas E. Kelson 1303 Presstman st

20. FILED ..... 19..... Registrar.

APR 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Uremia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Kuck Coroner. M. D.

(Address) Coroner

Use information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12001

HEALTH DEPARTMENT—CITY OF BALTIMORE 12001

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., [illegible] Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin S. Roney.

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche.

6. DATE OF BIRTH (month, day, year) 3/22/1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Thomas Roney

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Helena Gamer

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Albany N. Y. Date April 25 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED [illegible] 192[illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1935 to 4/22 1935

I last saw him alive on 4/22 1935. Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Cerebral hemorrhage	(2)
(3) Chronic alcoholism	(4)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, Specify

(Signed) Robert A Pertz M. D.

(Address) Balto City Hosp.

V. S. 3

N. B.—Write plainly with pen and ink. Avoid abbreviations. Address should be stated EXACTLY. PHYSICIAN should carefully supply all information called for in this certificate. Exact statement of CAUSE OF DEATH in plain terms is required. Only standard terms should be used. Indefinite or local terms of OCCUPATION are very important. See instructions on back of certificate.

M. D. P. 1268-9 F 12002

E 12002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S Washington St Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Isabel Mary McCusker

(a) Residence: No. 510 S Washington St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4-59

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Balto
(State or country)

FATHER

13. NAME Thomas McCusker

14. BIRTHPLACE (city or town) Ireland
(State or country)

MOTHER

15. MAIDEN NAME Mary ann Kerr

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Loretta McCusker
(Address) 510 S Washington

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath Date April 26 1935

19. UNDERTAKER [illegible] & Sterr & Son
(Address) 3156 Eugene ave

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 23 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to April 23 1935

I last saw h[illegible] alive on April 23 1935. Death is said to have occurred on the date stated above, at 7:15 m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Arteriosclerosis	April 1-31
Cerebral softening	
Other contributory causes of importance:	
Myocardial Insuf.	April 1935
Pulmonary Edema	

Name of operation ..... Date of .....

What test confirmed diagnosis? Found Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suiride, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify rity or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. G. Geyer M. D.

(Address) 156 N. Milton Ave.

(N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

Spec.—2-29-28—L. F. S.—500 Bks.

F 12003

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12003

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3019 Garrison Blvd ST. 15 WARD)

2—FULL NAME Miss Clara Clunet

(a) RESIDENCE NO. 3019 Garrison Blvd ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 1848 - Feb 25

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	1	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore City

PARENTS

10 NAME OF FATHER Victor Clunet

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balt City

12 MAIDEN NAME OF MOTHER Jandenmier

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balt City

14 Informant Miss Gertrude Clunet
(Address) 3019 Garrison Blvd

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 24 1935

17 I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to April 24, 1935, that I last saw h alive on April 22, 1935, and that death occurred, on the date stated above, at 1100 a. m.

The CAUSE OF DEATH* was as follows:

Carcinoma Uterus

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (Secondary) Intestinal Nephritis

(duration) 1 yrs. mos. ds.

18 Where was disease contracted if not at place of death? yes

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinically

(Signed) John A Evans M. D.

1935 (Address) 612 N Hc St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	Apr 27/35
20 UNDERTAKER	ADDRESS
Ellis A White	2154 Madison Ave

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. R 1268-9

✓ F 12004

12004

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen J. Anderson

(a) Residence: No. 407 S Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Catherine Anderson

6. DATE OF BIRTH (month, day, year) Aug. 7 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Samuel Anderson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mrs. Walter C. Wright (Daughter)
(Address) 1220 Maiden Choice Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date Apr. 27. 1935

19. UNDERTAKER John J. Lemmon
(Address) 715 Light St.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24- 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 1935 to April 24 1935

I last saw him alive on April 24 1935 Death is said to have occurred on the date stated above, at 7 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive brain failure	2 yrs
Arrested fibrillation	? Unknown
Renal obstruction	? Unknown
Generalized edema	1 year
Chronic nephritis	?
Other contributory causes of importance:	
Renal obstruction	?
Pulmonary edema	? Unknown

Name of operation ✓ Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. L. Kemp. M. D.
(Address) St Agnes Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 5 1935

M. D. P. 1268-9

✓ F 12005

F 12005 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Scott

(a) Residence: No. 514 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Aa	Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Race horse trainer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edward Scott

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 25, 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED APR 25 1935, 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1935, to 4-22, 1935.

I last saw him alive on 4 22, 1935. Death is said to have occurred on the date stated above, at 4 29 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis,	
Other contributory causes of importance: Generalized Carcinomatosis	

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) [illegible] M. D.

(Address) Provident Hospital

M. D.—WRITE LEGIBLY. Without prejudice to the value of all information, this certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12006

F 12006 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Slater

(a) Residence: No. 321 Arlington Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of 5/19/34

6. DATE OF BIRTH (month, day, year) March 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Eliza Slater

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 25, 1935

19. UNDERTAKER

(Address)

20. FILED , 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1935, to 4-19-35, 19..

I last saw him alive on 4-19-35, 19.. Death is said to have occurred on the date stated above, at 11 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	4-1-35
Other contributory causes of Importance: Endocarditis	Unknown

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Calvin B. de Compte, M. D.

(Address) Provident Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-10-29—A Co.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12007

CERTIFICATE OF DEATH

92-a

F 12007

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital St., 30 Ward)

2-FULL NAME Arthur Frantzler Smith

(a) RESIDENCE NO. 2538 N. McHenry St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 2 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 ~~Single~~, Married, ~~Widowed or Divorced~~, (write the word)
Male	White	Married

5a If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Agnes D Smith

6 DATE OF BIRTH (month, day, and year) Feb 29-1875.

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	60	2 1	2325	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Chauffeur
(b) General nature of industry, business, or establishment in which employed (or employer) 807 3
(c) Name of employer Ked Drummond Tea Co.

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER Jacob Smith

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Delaware

12 MAIDEN NAME OF MOTHER Sarah Jane McHenry

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Pa.

14 Informant (Address) Mrs. Agnes D Smith 2538 N. McHenry St.

15 Filed ___, 19___ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Thos. J. Mossman, M. D.

6/29 1935 (Address) 3632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
London Park Cemetery	April 27 1935
20 UNDERTAKER	ADDRESS
Hilda Isenberg	217 S Paca

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A. & Co.—250 Blks

F 12008

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12008

CERTIFICATE OF DEATH

131

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1513 Eutaw St. (Ward) 17

2 FULL NAME William West

(a) RESIDENCE NO. 2321 Guilford St. (Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Colored	Married

5a If married, widowed or divorced WIFE of (or) HUSBAND of Mary West

6 DATE OF BIRTH (month, day, and year) Feb. 1875

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	2		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Baker Baker

(b) General nature of industry, business, or establishment in which employed (or employer) 1004

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Richmond Va.

PARENTS

10 NAME OF FATHER William West

11 BIRTHPLACE OF FATHER (city or town) (State or country) Richmond Va.

12 MAIDEN NAME OF MOTHER Susan Shyler

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Richmond Va.

14 Informant Mary West (Address) 2321 Guilford Ave

15 Filed , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 23, 1935

17

I HEREBY CERTIFY, That I attended deceased from April 15, 1935, to April 23, 1935

that I last saw him alive on April 22, 1935

and that death occurred, on the date stated above, at 1.20 P m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis Nephritis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pneumonia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles J. Wendell M. D.

, 19 (Address) 811 Hamilton Ave.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary Cem. — DATE OF BURIAL April 26 1935

20 UNDERTAKER Miss Bell E. Elliott & Daughter — ADDRESS 1129 Gardner St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. F. 1268-9

F 12009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12009

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2004 Braddish Ave St., 15 Ward)

Length of residence in city or town where death occurred 57 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Tillis Pledge

(a) Residence, No. 2004 Braddish Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Clara A. Pledge

6. DATE OF BIRTH (month, day, year): Jan. 7 1878

7. AGE: Years 57 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Asst. Purchasing Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U. S. F. & G. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Joseph Pledge

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Amma Whiteford

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Clara A. Pledge 2004 Braddish Ave.

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: April 27 1935

19. UNDERTAKER (Address): Horace F. Burgee 3631 Falls Road

20. FILED ... 19..., ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1934 to April 23rd 1935

I last saw him alive on Apr 23rd 1935 Death is said to have occurred on the date stated above, at 11.40 p. m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary — Date of onset

Other contributory causes of importance: general weakness

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Tyeely M. D.

(Address) 20 & 6 Mt. Vernon Pl.

APR 25 1935

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 12010

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12010

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 St. Monroe 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Miller

(a) Residence: No. 1613 St. Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Howard Miller

6. DATE OF BIRTH (month, day, year) Aug 5 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bayard W. Va

FATHER

13. NAME John Burt

14. BIRTHPLACE (city or town) (State or country) Stranton Md

MOTHER

15. MAIDEN NAME Martha Manuick

16. BIRTHPLACE (city or town) (State or country) Stranton Md

17. INFORMANT Louise Kellyman

(Address) 1613 St. Monroe

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date April 26 35

19. UNDERTAKER McLean & Cook

(Address) 1217 St. Paul

20. FILED ..... 19 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 26 1935 to Apr. 23 1935

I last saw h[illegible] alive on Apr. 1/2 1935 Death is said to have occurred on the date stated above, at 1 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	?
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, [illegible]

(Signed) Ernest A. Kahn M. D.

(Address) 3005 W. North Ave.

S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—9-30—A & Co.—250 Bks

F 12011

F 12011 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 2907 Guilford Ave ST 12 WARD)

2 FULL NAME Walter S Stahl Jr

(a) RESIDENCE NO 2907 Guilford Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a If married, ~~widowed, or divorced~~ HUSBAND of (~~or WIFE of~~) Alice B Stahl

6 DATE OF BIRTH (month, day, and year) May 3-1872

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	11	22	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor 2016

(b) General nature of Industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

PARENTS

10 NAME OF FATHER Walter Stahl

11 BIRTHPLACE OF FATHER (city or town) (State or country) Hanover Pa.

12 MAIDEN NAME OF MOTHER Christine Minkel

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Alice B Stahl
(Address) 2907 Guilford Ave

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/35

17

I HEREBY CERTIFY, That I attended deceased from April 7th, 1935, to April 25, 1935

that I last saw h~~im~~/alive on April 24, 1935

and that death occurred, on the date stated above, at 2.30 p. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. 3 mos. 5 ds.

CONTRIBUTORY (Secondary) Arteriosclerosis Chronic Interstitial Nephritis

(duration) 7 yrs. mos. 20 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physician

(Signed) D. L. Engelhardt M. D.

19 (Address) Westminster Apts

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Parkwood Cemetery	Apr 27 1935

20 UNDERTAKER	ADDRESS
William Cook	1217 St Paul St Balto Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

APR 25 1935

M. D. B. 1268-9

F 12012

F 12012 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3402 Milford Ave (St.) 428 (Ward)

Length of residence in city or town where death occurred: yrs. Left mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Bambach

(a) Residence: No. 3402 Milford Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Minnie Bambach

6. DATE OF BIRTH (month, day, year): Jan. 24 1857

7. AGE: Years 78; Months 3; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ford Balto Plant

10. Date deceased last worked at this occupation (month and year): 10

11. Total time (years) spent in this occupation: 60 63

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: Joseph Bambach

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Amelia Cook

16. BIRTHPLACE (city or town) (State or country): Saxony

17. INFORMANT: Minnie Bambach
(Address) 3402 Milford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Loudon Pk Date: Apl 26 1935

19. UNDERTAKER: McClain Cook
(Address) 1217 St Paul St

20. FILED: Apr. 26 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1933 to Mar 20 1935

I last saw him alive on Mar 20 1935 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	?
Arteriosclerosis	2

Other contributory causes of importance:

Acute Cardiac Dilitation	1/2 hr

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassman M. D.

(Address) 3687 Wabash Ave

S. 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12013

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 2438 (Street) Barclay (Ward) 17

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miriam F. Spencer

(a) Residence: No. 2438 Barclay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilmer Spencer

6. DATE OF BIRTH (month, day, year) Oct 26 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Robert H. Legge

14. BIRTHPLACE (city or town) (State or country) White Hall Md

MOTHER

15. MAIDEN NAME Alice Kroh

16. BIRTHPLACE (city or town) (State or country) White Hall Md

17. INFORMANT Wilmer A Spencer
(Address) 2438 Barclay St

18. BURIAL, CREMATION, OR REMOVAL Md.
Date 4/26 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St

20. FILED Apr 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21st 1935 to April 23rd 1935
I last saw him alive on April 23rd 1935. Death is said to have occurred on the date stated above, at 1:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/21/35
Other contributory causes of importance: Bronchial Asthma with Emphysema	?

Name of operation None Date of No
What test was made? Clinical Exam Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo Morgan Kidd M. D.
(Address) 401 E 25th St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

APR 29 1935

M. D. F. 1268-9

F 12014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Frankford Av St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Barber

(a) Residence: No. 4707 Frankford Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 2nd 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	6	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ralls Mo.

FATHER

13. NAME Charles E. Barber

14. BIRTHPLACE (city or town) (State or country) Washington D.C.

MOTHER

15. MAIDEN NAME Edna M. Shudells

16. BIRTHPLACE (city or town) (State or country) Ralls Mo

17. INFORMANT Mrs. Edna M. Barber
(Address) 4707 Frankford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Cemy Date April 26 19 35

19. UNDERTAKER Henry Heath Sons, Inc
(Address) 1341 E Eager St

20. FILED ... 19 ... (Registrar)

APR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18 1935 to April 25 1935

I last saw her alive on April 25 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media with Septic Thrombosis (Secondary)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

21. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Dan'l Fraser M. D.

(Address) Med Arts Bldg.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12015

CERTIFICATE OF DEATH

167

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2512 Delahunty Ave Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine O'Keefe

(a) Residence: No. 2512 Delahunty Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Thomas O'Keefe

6. DATE OF BIRTH (month, day, year) May 1 1844

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	11	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Richard Fox

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Murphy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Nora Hemmelsteiger
(Address) 2563 Federal Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date April 28 1935

19. UNDERTAKER Chas L Stevens & Son
(Address) 1501 Fort Ave

20. FILED APR 26 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Coma and Apnea	April 23 35

Other contributory causes of importance:

Cancer

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury April 23 1935

Where did injury occur 2512 Delahunty Ave Balto
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burned in bed

Nature of injury Burns of Head & Brain

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph L. Valentine M. D.
Coroner

(Address) 16 So Broadway

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. Form 268-3 F 12018

F 12018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 346-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S. If of foreign birth 38 yrs. mos. ds.

2. FULL NAME Samuel Fineberg

(a) Residence: No. 1911 Linden Ave St., Ward Baltimore

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE Lena Fineberg

6. DATE OF BIRTH (month, day, year) 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prop. Gen'l Store

9. Industry or business in which work was done, as mill, saw mill, bank, etc. Merchandise

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hirsche Fineberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Tobby

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs E. Lipman

(Address) 2502 Ker Oak Rd.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Heb. Friendship Date Apr. 26. 1935

19. UNDERTAKER David Goodman & Son

(Address) 1902 Eutaw Place

20. FILED 19 Registrar.

APR 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935 to April 25, 1935

I last saw him alive on Apr 25, 1935 Death is said to have occurred on the date stated above, at 5 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of common Bile Duct	
Other contributory causes of importance: Arteriosclerosis.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Kalisky, M. D.

(Address) Sinai Hospital

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12017

CERTIFICATE OF DEATH

J 123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 11 Ward)

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jeannette Howard

(a) Residence: No. 1014 N. Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Clarence

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

FATHER

13. NAME William Cole

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Powell

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary C. Williams

(Address) 797 Brune St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 4/27/ 1935

19. UNDERTAKER Frances A. Hackley

(Address) 4 E W Biddle St

20. FILED ..... 19..... Registrar.

APR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24 /35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at 3.25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis due to rupture of rectum	
Other contributory causes of importance: Chr ulceration & scarring of rectum	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible] Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 12018 Obedencia F 12018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Francis Abigencia (Obedencia)

(a) Residence: No. 218 Longwood Pl St., Roland Pk.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 5/20/88.

7. AGE: Years 46. Months 11 Days 3 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Phil. Do.

FATHER

13. NAME: Lawrence

14. BIRTHPLACE (city or town) (State or country): P. I.

MOTHER

15. MAIDEN NAME: Martina Kadon

16. BIRTHPLACE (city or town) (State or country): P. I.

17. INFORMANT: Records Bc H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Pl. National Cem Date 4/26. 1935

19. UNDERTAKER: Frances a Hemley

(Address) 538 W Biddle St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/23. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/25. 1935 to 4/23. 1935

I last saw him alive on 4/23 1935 Death is said to have occurred on the date stated above, at 5 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c uremia	14 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Information should be carefully supplied. AGE should be given in YEARS. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

P 26 1935

M. D. B. 1265-9

F 12019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12019

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2743 Alameda St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Jane Dawson

(a) Residence: No. 2743 Alameda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wellington S. Dawson

6. DATE OF BIRTH (month, day, year) Dec. 31, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto., Md.

FATHER

13. NAME Edwin Robinson

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Sarah Kellenbeck

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT (Address) Wellington S. Dawson 2743 Alameda

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date April 27, 1935

19. UNDERTAKER (Address) John Ulbert Sons & Gilmore Inc.

20. FILED . 19 Registrar.

APR 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1935 to April 24, 1935

I last saw her alive on April 23, 1935 Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Geo. B. Dybert, M. D.

(Address) 2802 Harford Ave

Information called for on both sides of this certificate is necessary to complete the record of death. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265

F 12020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2227 Riggs Ave. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lizzie J. Amross

(a) Residence: No. 2227 Riggs Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry C. Amross

6. DATE OF BIRTH (month, day, year) July 29, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Henry Garteast

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Mary J. Ridgley

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Harry C. Amross.
(Address) 2227 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. View - Howard Co. Date Apr 28, 1935

19. UNDERTAKER Wm. J. Tiefler & Son
(Address) North & Pa. Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to April 24, 1935

I last saw h e alive on April 24, 1935 Death is said to have occurred on the date stated above, at 1 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Tubular Heart Disease	Jan/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so specify

(Signed) John D. Quinn, M. D.
(Address) 1507 N. Fulton Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1934 F. 12021

F 12021

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2611 Royal Oak Av St., 28 Ward)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul Blake James

(a) Residence: No. 2611 Royal Oak Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Myrtle M. Story

6. DATE OF BIRTH (month, day, year) Oct 25 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sawmill

10. Date deceased last worked at this occupation (month, year) Dec 1934

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) St Michaels Maryland

FATHER

13. NAME William James

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Tuckerman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Myrtle M Jones

(Address) 2611 Royal Oak Av

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Apr 27 1935

19. UNDERTAKER Wm Fleckenstein Sons

(Address) Work Pa Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 26 1934 to April 25 1935

I last saw h alive on April 24 1935. Death is said to have occurred on the date stated above, at 10.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Suppurative Nephritis and Chronic Myocarditis	Aug 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Urine + Cultures Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Stevenson M. D.

(Address) 1401 Eutaw Place

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. State OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12022

CERTIFICATE OF DEATH

V 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Greenway Apts St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 0 mos 0 ds. How long in U. S. If of foreign birth? 72 yrs. 0 mos 0 ds.

2. FULL NAME Isabella Reaney

(a) Residence: No. Greenway Apts. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): 1863

7. AGE — Years: 72 | Months: ? | Days: ? | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): None | 11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: James Reaney

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Rachel Hurford

16. BIRTHPLACE (city or town) (State or country): unknown New Jersey

17. INFORMANT (Address): Mr Reaney (Brother) Greenway Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: Apr 26 1935

19. UNDERTAKER (Address): Stewart Mortuary Co. 108 W. North Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24/35

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to April 24 1935

I last saw her alive on April 24 1935 Death is said to have occurred on the date stated above, at 9.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	Gradual
Hypertension	
Renal Calculus	12 days
Urinary infection.	10 "
Other contributory causes of importance: Calcified uterine fibroid with degeneration	8-10 yrs

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W A Woody M. D.

(Address) 140 E Park Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12023

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12023

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 43 E. Wheeling St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip H. Murray

(a) Residence: No. 43 E. Wheeling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Grace D. Murray

6. DATE OF BIRTH (month, day, year): June 5 1879

7. AGE: Years: 55 | Months: 10 | Days: 20 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unemployed 0009

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Harry A. Murray

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Catherine Lumberson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Grace D. Murray (Wife)

(Address): 43 E. Wheeling

18. BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Date: April 29 1935

19. UNDERTAKER: John F. Denny

(Address): 713 Light St.

20. FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 25 1935 19

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1935 to 4/25/35 19

I last saw him alive on 4/25 1935 Death is said to have occurred on the date stated above, at 1-58 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis (Due to Old chronic Bronchitis)	4/20/35
Other contributory causes of importance:	
Chronic Bronchitis	4/20/35
Bronchial Asthma	4/20/35
Myocardial Failure	4/24/35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Grace Miller M. D.

(Address) 1228 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1568-9

F 12024

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12024

CERTIFICATE OF DEATH

✓ 34-9-23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 12 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isabelle Dillard.

(a) Residence: No. 325 W. 28th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William.

6. DATE OF BIRTH (month, day, year): Oct 24, 1900

7. AGE: Years 34. Months 5. Days 29. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: James Winder.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lettie Wilkins

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Cem Date 4/27/35

19. UNDERTAKER: Robt. T. Williams
(Address) 1513 McElderry St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/20 . 1935 to 4/23 . 1935

I last saw her alive on 4/23 . 1935 Death is said to have occurred on the date stated above, at 5:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	6 or 7 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12025

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12025

CERTIFICATE OF DEATH

✓ 54-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ Hospt St., 8 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise McNamara

(a) Residence: No. 2232 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

6. DATE OF BIRTH (month, day, year) Aug 1st 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — ——— (over)

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cristfield Md

FATHER

13. NAME Freeman McNamara

14. BIRTHPLACE (city or town) (State or country) Fairmount Md

MOTHER

15. MAIDEN NAME Hazel Tull

16. BIRTHPLACE (city or town) (State or country) Cristfield Md

17. INFORMANT R J McNamara

(Address) 22 Eutaw Pl

18. BURIAL, CREMATION, OR REMOVAL

Place Cristfield Md Date April 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ——— 19 ——— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-24-1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to April 24 1935

I last saw her alive on April 24, 1935 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Medullary Compression	4/24

Other contributory causes of importance: Multiple Sclerosis About Sept 1934

Name of operation Laminectomy Date of 4/24

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ——— Date of injury ——— 19 ———

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Herbert Goldstone M. D.

(Address) Univ Hospt

V S 3

Information desired is for statistical purposes only. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12026

F 12026

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. [illegible] S., [illegible] Ward) 15 V

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Shuckert

(a) Residence: No. 3907 Dunnington St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: [illegible] June-7, 1872

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 62 | Months 10 | Days 18 | If LESS than 1 day, [illegible] hrs. or [illegible] min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Con Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

1086

12. BIRTHPLACE (city or town) (State or country): Balto - Md

FATHER

13. NAME: Fred Shuckert

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Cornelia Jenkinson

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

Place: Schwarz's Date: April 27th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED [illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22 1935 to April 25 1935

I last saw him alive on April 25 1935 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epithelioma left lower lip	2 Months

Other contributory causes of importance: Dementia Senile ? | [illegible]

Name of operation: — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury [illegible] 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H Gant M. D.

(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

APR 26 1935

M. D. P. 1268-9

F 12027

F 12027

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Guilford Ave Ward) 17

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Berry

(a) Residence: No. 2005 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ Rose M. Berry.

6. DATE OF BIRTH (month, day, year) June 21st 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Keeper - retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coals

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 30.

12. BIRTHPLACE (city or town) (State or country) Charles Co Maryland.

FATHER

13. NAME William Locke Berry

14. BIRTHPLACE (city or town) (State or country) Charles Co Maryland

MOTHER

15. MAIDEN NAME Margaret Ellen Jeynes

16. BIRTHPLACE (city or town) (State or country) Charles Co Maryland

17. INFORMANT Son

(Address) 2005 Guilford Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date April 27th 1930

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1930

22. I HEREBY CERTIFY, That I attended deceased from May 15 1930 to April 25 1930

I last saw him alive on April 25 1930 Death is said to have occurred on the date stated above, at 7:25 P m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 4/21/30

Other contributory causes of importance:

Diabetes Mellitus

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis W. Gluck M. D.

(Address) Gilman apts

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S S 3

REG 1925

M. D. P. 1268-9

F 12028

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12028

CERTIFICATE OF DEATH

89-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7 Ward)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Thomas La Mar

(a) Residence: No. 2914 Bayonne ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Minnie S. La Mar

6. DATE OF BIRTH (month, day, year) Aug 10/1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief dispatcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B&ORR

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME M. Thomas LaMar.

14. BIRTHPLACE (city or town) (State or country) Frederick Md.

MOTHER

15. MAIDEN NAME Anna Hood.

16. BIRTHPLACE (city or town) (State or country) Winchester Va

17. INFORMANT Minnie S. La Mar

(Address) 2914 Bayonne ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date Apl 27 . 1935

19. UNDERTAKER Harry H. Amacost & Son

(Address) 4204 Ridgewood Ave

20. FILED . . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 . 1935 to April 25 . 1935

I last saw him alive on April 25 . 1935 Death is said to have occurred on the date stated above, at 2 47 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic meningitis	4/24/35
Otitis media right	2 weeks
Stomatitis	

Other contributory causes of importance:

Name of operation Puncture Spt. or Sinus Date of 4/24/35

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Alfred Charles Moore M. D.

(Address) Mercy Hospital, Baltimore.

S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-6

F 12029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12029

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John C. Wagner

(a) Residence: No. 9 N. Glover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret

6. DATE OF BIRTH (month, day, year) Sept 25/74

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	6	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 10 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John G. Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Wagner
(Address) 9 N. Glover St

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cem Date April 27 1935

19. UNDERTAKER Frank V. Pipitone
(Address) 218 S. Bond St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-subdural Hemorrhage	Apr 23

Other contributory causes of importance:

Name of operation craniotomy Date of Apr 24/

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/24/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place rope on scaffold broke at 3 N. Streeper St & fell

Manner of injury to sidewalk

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. J. A. Caton M. D.
Coroner

(Address) 508 E. Fayette

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-2

F 12030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12030

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 721 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Paul

(a) Residence: No. 2919 Chesterfield Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Paul

6. DATE OF BIRTH (month, day, year) [illegible] 1/95

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Harvey Paul

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Caroline Hacker

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date April 26 35

19. UNDERTAKER E. Ruffler & Son

(Address) 2334 Eastern Ave.

20. FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17 . 1935 to Apr. 25 - 1935

I last saw him alive on Apr. 25 - 1935 Death is said to have occurred on the date stated above, at 11 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas	11 days ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carmichael Eghan . M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 26 1935

M. H. P. 1268-9

F 12031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12031

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2114 Clifton Ave St., 15 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? 46 yrs. mos. ds.

2. FULL NAME Isaac Greenberg

(a) Residence: No. 2114 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nettie

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Bernard Greenberg

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Fannie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sonia Greenberg
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Lebanon Date 4/26/35 19

19. UNDERTAKER Levi Funeral Inc
(Address) 1432 E. Baltimore St.

20. FILED 4/26 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/35 19

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Apr 25 1935

I last saw h m alive on Apr 25 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	
Secondary Carcinomatosis	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. A. Levi Pro Tem M. D.

(Address) 733 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3 No. 2 1935

M. D. B. 1268-9

(Greenhood) F 12032

12032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2017 Rayner Ave St., 16 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME: Louis Greenwood

(a) Residence: No. 2017 Rayner Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Etta Greenwood

6. DATE OF BIRTH (month, day, year) Feb. 25, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Hungary

FATHER

13. NAME Adolph Greenhood

14. BIRTHPLACE (city or town) (State or country) Hungary

MOTHER

15. MAIDEN NAME Johanna Berger

16. BIRTHPLACE (city or town) (State or country) Hungary

17. INFORMANT Mrs Etta Greenwood

(Address) 2017 Rayner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date April 26, 35

19. UNDERTAKER H. SANDER & SON, INC. Jesse L. Sander

(Address) Baltimore & Broadway

20. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 35 to April 22, 1935

I last saw h[illegible] alive on April 22, 1935 Death is said to have occurred on the date stated above, at 10:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2 days ago

Other contributory causes of importance:

Acute cardiac dilatation	1 day

Name of operation none Date of

What test confirmed diagnosis? Clinical finding Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benjamin Millan M.D. M. D.

(Address) 2030 Wilkens Ave

State CAUSE OF DEATH in plain terms, so that it may be properly coded. Name of disease alone is not sufficient. OCCUPATION is very important. See instructions on back of certificate.

[illegible] 1935

M. D. B. 1268-9

F 12033

F 12033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2014 Maryland Ave. St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 00 mos. 00 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mollie C.Foster

(a) Residence: No. 2014 Maryland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William C.Foster

6. DATE OF BIRTH (month, day, year) May.19.1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Joseph B.Hackett

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Georgeana Dudley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ester L.Halwig

(Address) 1223 E.North Ave,

18. BURIAL, CREMATION, OR REMOVAL.

Place Sudlersville Md Date Apr.29.1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED APR 28 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr.25.1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 4. 1935 to Apr 25. 1935

I last saw her alive on Apr 25 1935. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary edema	Jan/25
Dilated heart with valvular lesion	
age	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) 2105 N. Charles St. M. D.

(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F. 3268-9

F 12034

Peck

F 12033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 134

1. PLACE OF DEATH Maryland Gen. Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Ella L. Peck

(a) Residence: No. 5401 York Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Harold A. Peck

6. DATE OF BIRTH (month, day, year) Feb 28. 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John A. Lancaster.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Martha E Cooper

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

17. INFORMANT Nellie S. Cuttle

(Address) 5401 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Hurl Cem. Date April 27 19 35

19. UNDERTAKER Chas C. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ..... 19 ..... MAY ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20 1935 to 4/25 1935

I last saw h[illegible] alive on 4/25/35 19 .. Death is said to have occurred on the date stated above, at 10 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause Myocarditis	
Other contributory causes of importance: Supra pubic Cystotomy Bladder Calculi	3/22/35

Name of operation Supra pubic Cystotomy Date of 3/22 35

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John N Barnes M. D.

(Address) Mercy and Emerg Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 12035

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12035

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lawrence Williams

(a) Residence: No. Caroline & Preston St., 1300 N. Caroline Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Egall

6. DATE OF BIRTH (month, day, year) March 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry A. Williams

14. BIRTHPLACE (city or town) (State or country) A. A. Co. Md.

MOTHER

15. MAIDEN NAME Martha A. Fisher

16. BIRTHPLACE (city or town) (State or country) Georgetown D. C.

17. INFORMANT Ida C. Williams
(Address) 1300 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greene Cem. Date April 27 19 35

19. UNDERTAKER John S. Mitchell Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to April 25, 1935

I last saw him alive on April 25, 1935. Death is said to have occurred on the date stated above, at 3:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Arteriosclerosis	
3. Chronic myocarditis	
4. Chronic nephritis	

Other contributory causes of importance:

1. Uraemia

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12 E 12036 F 12036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1620 Hollins St. St. 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Franklin Amos Roberts

(a) Residence: No. 1620 Hollins St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ Clara Louise Roberts

6. DATE OF BIRTH (month, day, year) Dec. 4, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. B. Roberts

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Rebecca Amos

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs. Clara L. Roberts
(Address) 1620 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Druid Ridge Cem Date Apr. 27 1935

19. UNDERTAKER George J. Smith
(Address) 1909 Eutaw Place.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6, 1934 to Apr 24, 1935. I last saw h... alive on Apr 2[illegible], 1935. Death is said to have occurred on the date stated above, at 10[illegible] P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	15 yrs
Myocarditis and Pulmonary Edema	Jan 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

Information should be carefully supplied. Age should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12037

F 12037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital — Registered No. 93-C

CITY OF BALTIMORE: (No.) St., 70 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Harrington

(a) Residence: No. 1936 N Fayette St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced) HUSBAND of (or) ~~WIFE~~ of Julia Harrington

6. DATE OF BIRTH (month, day, year) Aug 29, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Robert B Harrington

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Logue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date 11/7, 1935

19. UNDERTAKER Hagel H. Pentzke
(Address) 1161 E Madison Ave.

20. FILED 10- Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935 to April 24, 1935

I last saw ~~him~~ alive on April 24, 1935 Death is said to have occurred on the date stated above, at 1.40 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis with decompensation	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John N Bagnall

(Address) Maryland General

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

✓ F 12038

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12038

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Laura Bailey

(a) Residence: No. 300 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry

6. DATE OF BIRTH (month, day, year) 9-1-01

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33	7	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Allen Smith

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Matilda Akins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place H Med School Date April 26, 19

19. UNDERTAKER

(Address)

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1935, to Apr 18, 1935

I last saw her alive on Apr 18, 1935 Death is said to have occurred on the date stated above, at 6 40 A m.

The principal cause of death and related causes of importance were as follows:

		Date of onset
a Arteriosclerotic Nephritis	31a	about 3 yrs.
b Arteriosclerotic Hypertension	32	
c Uremia	33a	

Other contributory causes of importance:

Pulmonary Infection	34a	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Irving D. Stebbins

(Address) The Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12039 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12039

CERTIFICATE OF DEATH

34-A-159 Registered No.

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene Sts.) 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Sprague

(a) Residence: No. 604 Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-22-31

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Thomas Sprague
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Louise Spragins
16. BIRTHPLACE (city or town) (State or country) Lunenburg County Va.

17. INFORMANT Louise Sprague
(Address) 604 Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date April 25 1931

19. UNDERTAKER
(Address)

20. FILED 1931 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-22, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4-22, 1931 to 4-22, 1931

I last saw her alive on 4-22, 1931. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	4-22-31
Other contributory causes of importance: Prematurity	4-22-31,
Congenital syphilis	(?)

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 12040 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12040

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2005 Poplar Grove St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary J Campbell

(a) Residence: No. 2005 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of: None

6. DATE OF BIRTH (month, day, year): 7-24-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York City New York

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Lizzie De Vaughn
(Address): 2005 Poplar Grove Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Redeemer Date: 4-29-1935

19. UNDERTAKER: [illegible]
(Address): [illegible]

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1934 to Apr 25, 1935

I last saw her alive on Apr 25 '35 death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	1919
Other contributory causes of importance: Hypostatic pneumonia & Emp.	

Name of operation ✓ Date of ✓

What test confirmed diagnosis? cl Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓ If so, specify ...

(Signed) E. J. Lyell M.D.

(Address) 3321 Forbush ave

SEE OTHER SIDE OF DEATH certificate for plan to file delayed certificate. Blank statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12041

F 12041

HEALTH DEPARTMENT—CITY OF BALTIMORE

34 J-82a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 6 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah (Campbell) Thomas

(a) Residence: No. 205 N. Durham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, Divorced (write the word): Separated

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Washington

6. DATE OF BIRTH (month, day, year): ~~1877~~ 1893

7. AGE: Years 42 ~~37~~ | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Campbell

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): Records B.H.

18. BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date April 29 1935

19. UNDERTAKER (Address): Edw. Bryson 1631 Orleans st

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/13, 1935 to 4/22, 1935

I last saw h[illegible] alive on 4/22, 1935 Death is said to have occurred on the date stated above, at 4p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

✓ F 12042

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12042

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5203 Denmore ave. St., 27 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth DeShields

(a) Residence: No. 5203 Denmore ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Charles DeShields

6. DATE OF BIRTH (month, day, year): Nov. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
7a	71	5	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Salsbury, Md.

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hattie Wesley

(Address): 5203 Denmore ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Calvary Cem. Date: April 26 1935

19. UNDERTAKER: Archibald C. Hayden

(Address): 2411 W. Baltimore St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1932 to April 23 1935

I last saw her alive on April 23 1935 Death is said to have occurred on the date stated above, at 8.45 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset: June 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 12043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12043

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1301 Dundalk Ave St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary B Kalb

(a) Residence: No. 1301 Dundalk Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Kalb

6. DATE OF BIRTH (month, day, year) Jan. 19 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper etc.: house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Demling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Clara Diamond (daughter)
(Address) 1301 Dundalk Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date April 29

19. UNDERTAKER Luke Quinlan
(Address) 4623 Wabash Ave

20. FILED ..... 19 ..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to April 24 1935

I last saw h.. alive on April 22 1935 Death is said to have occurred on the date stated above, at 11:15 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Acute Dilitation of Heart	14 Days
Chronic Int Nephritis	Years
Chronic Myocarditis	Years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) F. A. Linthicum M. D.

(Address) 5323 E Baltimore

M. D. R. 1268-9

F 12044

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12044

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3436 Leverton Ave St., 26 Ward)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Carback

(a) Residence: No. 3436 Leverton Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Carback

6. DATE OF BIRTH (month, day, year) April 29 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Peter Thalan

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Carbuck
(Address) 3436 Leverton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date, April 27 35

19. UNDERTAKER Little Zeller Inc
(Address) 4033 Fleet St

20. FILED ..... 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1934 to Apr 24 1935

I last saw her alive on Apr 24 1935. Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis X	
Nephritis	8 yrs. ago
Arteriosclerosis	over
Other contributory causes of importance:	
Pneumonia	2 wks

Name of operation L Date of C

What test confirmed diagnosis? C Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) J Joseph Tomboy M. D.

(Address) 4441 S. Ellwood Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12045

F 12045 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-0

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 15-6 (Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Nina Martz

(a) Residence: No. 1713 Bloomingdale Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer G. Martz,

6. DATE OF BIRTH (month, day, year) February 23. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

FATHER

13. NAME Jacob Moats,

14. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Washington Co. Md.

17. INFORMANT Elmer G. Martz,
(Address) 1713 Bloomingdale Road

18. BURIAL, CREMATION, OR REMOVAL
Place Hagerstown Md. Date April 27. 1935

19. UNDERTAKER Geo. W. Little
(Address) 2700 Edmondson Ave.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 . 1935 to April 25 . 1935

I last saw her alive on April 25 . 1935 Death is said to have occurred on the date stated above, at 10:35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	4/1/35
Bronchopneumonia	4/21/35
(Terminal)	

Other contributory causes of importance:

Arteriosclerotic cardio-
vascular disease

Name of operation ... Date of ...

What test confirmed diagnosis? No Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Cause of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Helen I. Maginnis M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V 6 3

AACo. 5-31 250B

✓ F 12046

12046

HEALTH DEPARTMENT—CITY OF BALTIMORE

107-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Ashburton St., 15 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M Graber

(a) Residence: No. 1611 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: W | 5. Single, Married, Widowed, or Divorced (write the word): widow

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: late John F Graber

7. DATE OF BIRTH (month, day, year): July 4 1858

8. AGE — Years: 76 | Months: 9 | Days: 20 | If LESS than 1 day, hrs or min:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: mother at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Mt Washington

FATHER

13. NAME: Andreas J Sattler
14. BIRTHPLACE (city or town) (State or country): Ger

MOTHER

15. MAIDEN NAME: Barbara Rice
16. BIRTHPLACE (city or town) (State or country): Ger

17. INFORMANT: Mrs. Mary H Graber
(Address): 1611 Ashburton Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Date: 4/29 19 35

19. UNDERTAKER: Edward A Cummings
(Address): 1136 Poplar Grove Street

20. FILED: APR 26 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to April 24, 1935

I last saw h[illegible] alive on April 24, 1935 death is said to have occurred on the date stated above, at 12:00 Em

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	April 20, 1935
Other contributory causes of importance: Broncho Pneumonia	April 20, 1935

Name of operation: None Date of

What test confirmed diagnosis? No (Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Kenly Wallace, M. D.
(Address) 2539 Walbrook Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12047

F 12047 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4802 Homer Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? 68 yrs. mos. ds.

2. FULL NAME Mary A. Totzauer,

(a) Residence: No. 4802 Homer Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis A. Totzauer

6. DATE OF BIRTH (month, day, year) Sept. 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Welsh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Jennie Bryant
(Address) 4802 Homer Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 4/27/35 19

19. UNDERTAKER C. Vernon Lemmon
(Address) 4611 Park Heights

20. FILED [illegible] 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23/1935 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 35 to April 23 19 35

I last saw h[illegible] alive on April 23 19 35 Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John D. Bubeck M. D.

(Address) 4803 Park Heights Ave

F 12048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

92-a

Registered No. .....

1-PLACE OF DEATH

City of BALTIMORE: (No. 310 W Lanvale St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Susan R. Scarborough

(a) Residence No. 310 W Lanvale St Ward .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Female

4-COLOR OR RACE: White

5-~~Single~~ ~~Married~~ Widowed, ~~or Divorced~~. (Write the word.) Widowed

6-If married, widowed, or divorced HUSBAND of (or) WIFE of: R. Leonard

6-DATE OF BIRTH (month, day and year): July 13 - 54

7-AGE: 75 yrs. 1 mos. 19 ds. If LESS than 1 day, hrs. or min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Md

PARENTS

10-NAME OF FATHER: Lou Walters

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Harford Co Md

12-MAIDEN NAME OF MOTHER: Leasenda Bruce

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Md.

14- (Informant): Mrs Ida Hollis

(Address): Fallston, Md.

15- Filed APR 27 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 25 - 35

17- I HEREBY CERTIFY, That I attended deceased from Nov - 17 1934 to April 25 1935

that I last saw h. alive on April 25 1935

and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows:

Mitral Regurgitation

Heart

(Duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(Duration) 2 yrs. mos. ds.

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) M. W. Stroh M. D.

April 25 1935 (Address) 504 Guilford Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Old Brick Cem. DATE OF BURIAL: April 28, 1935

20-UNDERTAKER: Hamburger's Sons ADDRESS: Baltimore Md

Instructions on back of certificate.

M. D. B. 1208-9 F 12049

✓ F 12049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Inez Measman

(a) Residence: No Millersville P.O. St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carl A. Measman

6. DATE OF BIRTH (month, day, year) Nov. 25, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

FATHER

13. NAME Walter Kersey

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Luckenbury

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carl A. Measman (Address) Millersville P.O. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date April 29 1935

19. UNDERTAKER John F. Dennis (Address) 715 E. 41st St

20. FILED ..... 19..... Registrar

APR 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4-26-35 . 19 . to 4-26-35 . 19 .

I last saw h CR alive on 4-26-35 . Death is said to have occurred on the date stated above, at 4 AM. m.

The principal cause of death and related causes of importance were as follows:

Acute Cardiac Congestive Failure — Date of onset .....

Other contributory causes of importance: Cerebral Hemorrhage — Date of onset .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. McNally M. D.

(Address) Univ. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

S. S. V.

M. D. B. 12 F 12050 ✓ F 12050

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1201 Washington Blvd St., 21 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Gatterman

(a) Residence: No. 1201 Washington Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of or WIFE of — Elnora Caldicord

6. DATE OF BIRTH (month, day, year) March 12 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Wm. Gatterman

14. BIRTHPLACE (city or town) (State or country) Germany

13. MAIDEN NAME Christina Old

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Elnora Gatterman
(Address) 1201 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 4/29 19 35

19. UNDERTAKER J. J. Wright & Son
(Address) 1 E. Baltimore St

FILED 19 35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 19 35

22. I HEREBY CERTIFY, That I attended deceased from 3/25 19 35 to 4/24 19 35

I last saw him alive on 4/24 19 35 Death is said to have occurred on the date stated above, at 2:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	(?)
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. W. Dupuy M. D.

(Address) 1326 W. Lombard

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. No. F-9 F 12051

✓ F 12051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: St. Agnes' Hospital

CITY OF BALTIMORE: (No.) Wilkens & Caton Ave. (Ward) 20

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: Henry Wagner

(a) Residence: No. 431 S. Bentalou St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Annie Wagner

6. DATE OF BIRTH (month, day, year): Jan-26-1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Fire City Civic Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Baltimore Md

FATHER

13. NAME: John Agnus

14. BIRTHPLACE (City or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Martha Agnus

16. BIRTHPLACE (City or town) (State or country): East York Pa.

17. INFORMANT: Mrs. E. Stamm

(Address) 431 S. Bentalou St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: Apr. 27, 1935

19. UNDERTAKER: F. B. Hubert & Son

(Address) 1200 Eastern Ave

20. FILED: APR 27 1935, 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 24, 1935

I last saw him alive on April 24, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Hypertension	6-6 months
b. Hypertensive heart disease	(approximate)
c. Renal insufficiency	

Other contributory causes of importance:

Name of operation: ✓ Date of: ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [redacted] A. Kenny, M. D.

(Address) St Agnes Hosp.

V 5 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. 8-1201 F 12052

F 12052

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 849 China St. St. 22 Ward)

Length of residence in city or town where death occurred 26 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Mary Jordan.(C)

(a) Residence: No. 849 China St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, ~~widowed, or divorced~~ (or) WIFE of John Jordan.(C)

6. DATE OF BIRTH (month, day, year) February 12,1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME George Jefferson.(C)

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Grace Cook.(C)

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT James Jefferson.(C) brother
(Address) 849 China St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 4/26 1935

19. UNDERTAKER Walter B. Price & Co
(Address) 1300 W. Lombard St.

20. FILED 4-27 1935 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 23, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage.
Hemiplegia.

Date of onset

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Steinhart M. D.
4/26/35 (Address) 1017 E. Charles St. Coroner

M. D. F 1288-6

F 12053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12053

CERTIFICATE OF DEATH

207-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hosp. St., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter Newmann

(a) Residence: No. 817 N. Bradford St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Margeret Newmann

6. DATE OF BIRTH (month, day, year) Aug. 15-1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Newmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lena Schulthies
(Address) 817 N. Bradford St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date April 21/35

19. UNDERTAKER L. Miller & Son
(Address) 2334 Gilmor St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Shock-Hemorrhage	4/25/35

Other contributory causes of importance:
Probably acute alcoholism

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Probably Accident Date of injury 4/25/35

Where did injury occur? Baltimore, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Penna R.R. Track at Biddle station

Manner of injury left ankle run over-was

Nature of injury sitting on rail

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 508 E. Monument

M. D. No. 1208 F 12054

F 12054

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH dead on arrival at

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles F. Carroll

(a) Residence: No. 1513 N. Register St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Carroll

6. DATE OF BIRTH (month, day, year) Aug. 30-1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	7	26 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Machanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Goerge,s Trans.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5 8 6

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John L. Carroll

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Sherman

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Minnie Carroll
(Address) 1513 N. Regester St.

18. BURIAL, CREMATION, OR REMOVAL
Place Immanuel Cem. Date April 20/35

19. UNDERTAKER C. Miller & Son
(Address) 2334 Jefferson St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 25/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at about 8 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 108 E Fort Ave

M. D. P. 1268-9

F 12055

F 12055 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 94-B

1. PLACE OF DEATH Maryland General Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Dominic J. Burke

(a) Residence: No. 2619 Maryland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): March 6, 1864

7. AGE: Years 71 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): March 31, 1934

11. Total time (years) spent in this occupation: 40 yrs.

12. BIRTHPLACE (city or town) (State or country): Balt. Md.

FATHER

13. NAME: Dominic J. Burke

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Rachel Matthews

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Hosp. records.

18. BURIAL, CREMATION, OR REMOVAL: New Freedom Pa. Date April 29 1935

19. UNDERTAKER (Address): Paul H. Hartenstein New Freedom Pa.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year): April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 1935 to April 26 1935 Death is said I last saw h in alive on April 26 1935 to have occurred on the date stated above, at 7:43 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute coronary thrombosis	4-23-35

Other contributory causes of importance:

Benign prostatic hypertrophy 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19....
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) John N Brayaby M. D.
(Address) Maryland General Hosp

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 12056 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12056

CERTIFICATE OF DEATH.

107-a REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3139 Keswick Road ST.) (13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella B. Smith

(a) RESIDENCE. NO. 3139 Keswick Road. WARD.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Most of life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Smith

6 DATE OF BIRTH (month, day, and year) June 8, 1862

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Reisterstown, Md.

PARENTS

10 NAME OF FATHER Stephan Benson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Reisterstown, Md.

12 MAIDEN NAME OF MOTHER Ellen Willams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mrs. Geo. A. Andrews

(Address) 3139 Keswick Rd.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) Apr. 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from Apr. 21, . 1935 . to Apr. 26, . 1935 .

that I last saw her alive on Apr. 26, . 1935.

and that death occurred, on the date stated above, at 11, a. m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

(duration) yrs. mos. 10, ds.

CONTRIBUTORY (Secondary) Cold-with heart Complications

(duration) yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? Place of death

Did an operation precede death? no Date of —

Was there an autopsy? —

What test confirmed diagnosis? Clinical Symptoms

(Signed) W. M. Pennebaker . M. D.

. 19 (Address) 2740 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Asbury Reisterstown Md

DATE OF BURIAL April 27 1935

20 UNDERTAKER Chenoweth & Son.

ADDRESS 36-5 Chestnut Ave

APR 27 1935

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

✓ F 12057

F 12057 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 313 E. University Parkway Ward) 12

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Cleaveland

(a) Residence: No. 313 E University Parkway St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Amos J. Cleaveland

6. DATE OF BIRTH (month, day, year) Oct 13, 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME John Jones

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Ann Murphy

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Allen Cleaveland

(Address) Maryland Bldg

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date Apr 27, 1935

19. UNDERTAKER Thos Scott & Bro

(Address) 615-17 E Baltimore St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to Apr. 25, 1935

I last saw her alive on Apl. 25, 1935. Death is said to have occurred on the date stated above, at 1.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Haemiplegia (Right	12 days
Arteriosclerosis	
Other contributory causes of importance:	
Arteriosclerosis	6 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) James C. Clarke M. D.

(Address) Med. Arts. Bldg

OCCUPATION is very important. See instructions on back of certificate.

F 1935

M. D. P. 1268-9

✓ F 12058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12058

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 S. Montford Ave St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred n/a yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George P. Piskor

(a) Residence: No. 1725 Aliceanna St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (XXXXXXX) Agnes Piskor

6. DATE OF BIRTH (month, day, year) May 20th/1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	II	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Good Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Piskor

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Anna Sobus

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Agnes Piskor

(Address) 623 S Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St, Stanislaus Date April, 29/ 1935

19. UNDERTAKER George A Weber

(Address) 705 Eden Street

20. FILED 27 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to April 26, 1935

I last saw h/ alive on April 25, 1935. Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	1 week ago
Broncho-Pneumonia	3 days ago
Other contributory causes of importance: Chronic Arthritis	3 yrs ago
Hypertension	4 mos ago
Secondary Anemia	1 ago

Name of operation None Clinical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F. Arenga M. D.

(Address) 1209 E. Chester St

OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. B. 1268-B

✓ F 12059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12059

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Carberry

(a) Residence: No. 903 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles Carberry

6. DATE OF BIRTH (month, day, year) Dec. 25, ~~1934~~ 1843 (?)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51 (?)	7	Abstract. N.D.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Wallace Carberry

(Address) 963 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 4/28/ 1935

19. UNDERTAKER Frances A. Hennessey

(Address) 578 W. Biddle St.

20. Filed 4-27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-21-35 to 4-25-35

I last saw her alive on 4-25-35 Death is said to have occurred on the date stated above, at 7:03 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease	

Other contributory causes of importance:

Decompensation
Hypostatic
Pneumonia - lobar

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) % Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 12060 ✓ F 12060

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 22 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lucenie Malay.

(a) Residence: No. 817 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W.

6. DATE OF BIRTH (month, day, year) 6/5/1902.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32.	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Geo Hill

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Henretta Biggins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 4/29/35

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 W Montgomery St

20. FILED APR 27 1935 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/3, 1935, to 4/26, 1935

I last saw her alive on 4/26, 1935. Death is said to have occurred on the date stated above, at 9 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (?)	10 min
Acute nephritis (?)	5 wks
Uremia	1 wk

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reeste, M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

93

F 12061

M. D. B. 1250-9

F 12061

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So Balto Gen Hosp St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Stickler

(a) Residence: No. So Balto. Gen'l. Hosp. St., 2222 Hennerman Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-14-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) So. Balto. Gen. Hosp. Balto., Md.

FATHER

13. NAME Leroy Stickler

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Irene Sommers.

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Leroy Stickler

(Address) 2222 Hennerman ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 4/27/35

19. UNDERTAKER Leo J. Cook.

(Address) 1703 Pat. Ave

20. FILED 4/27/1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-14 1935 to 4-27 1935

I last saw h/m alive on 4-27 1935 Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. N. Taylor M. D.

(Address) S. B. G. H.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. No. F 12062

F 12062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

Registered No. ...

CITY OF BALTIMORE: (No. 128 S. Ellwood Ave. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D. Sander

(a) Residence: No. 128 S. Ellwood Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma C. Sander

6. DATE OF BIRTH (month, day, year) July 21, 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0034

10. Date deceased last worked at this occupation (month and year) 1914

11. Total time (years) spent in this occupation 33 yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Catherine Borcherding

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emma C. Sander

(Address) 128 S. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date Apr 29, 1935

19. UNDERTAKER J. H. & Wm. John W. Pinder & Son

(Address) 801 W. Fayette St.

20. FILED 27 1935 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1935, to Apr. 26, 1935

I last saw him alive on Apr. 25, 1935 Death is said to have occurred on the date stated above, at 6.45 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dwight Tenney M. D.

(Address) 441 S. Ellwood Ave

M. D. B. 1268-9

F 12063

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12063

CERTIFICATE OF DEATH Baltimore City Hospitals

1. PLACE OF DEATH Registered No.

CITY OF BALTIMORE: (No. St., 15 Ward) 176 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Anthony

(a) Residence: No. 1536 N. Gilmor St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward Anthony ?

6. DATE OF BIRTH (month, day, year) April 8 1880

7. AGE Years 55 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) N. Carolina

FATHER

13. NAME Allison Steven

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Melissa Terry

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Scotlandneck N. C Date 4/27 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Brevetman St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24 1935

I HEREBY CERTIFY, That I attended deceased from April 8 1935 to April 24 1935

I last saw h alive on April 24 1935 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cholecystitis Acute — Chronic

Other contributory causes of importance: Pneumonia - Lobar

Name of operation Cholecystectomy Date of 4/22/35

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel N. Gorsett M. D.

(Address) Balto City Hosp

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Blks.

F 12064

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12064

CERTIFICATE OF DEATH

REGISTERED NO. 131

1—PLACE OF DEATH Good Shepherd General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 Fort Ave ST. WARD)

2—FULL NAME Mary Mooney

(a) RESIDENCE NO. 2823 Remington Ave WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fem	A.A.	Married

a If married, widowed, or divorced (or) WIFE of Charles Mooney

6 DATE OF BIRTH (month, day, and year) 1860

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	75			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Louisa Co Maryland

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant Della Wise

(Address) 2823 Remington Ave

15 Filed 4/28 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4/25/35

17 I HEREBY CERTIFY, That I attended deceased from 4/17 1935 to 4/25 1935

that I last saw her alive on 4/26 1935

and that death occurred, on the date stated above, at 12:30 A.M.

The CAUSE OF DEATH* was as follows:

Uremia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chr. Nephritis, Myocarditis

(duration) yrs. 2 mos. ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Carson L. Johnson, M. D.

19 (Address) 1020 Linna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL 4/28 1935

20 UNDERTAKER Franklin W. Deitz

ADDRESS 709 W. 33rd St

M. D. B. 1268-9

F 12065

F 12065 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-3

Registered No. .....

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel C. Ridgaway

(a) Residence: No. 214 Clarden Ave St., Ward. Pikesville Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of Emma Ridgway (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 16 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Mark Plain Clo Binding Co

10. Date deceased last worked at this occupation (month and year) April 10 1935

11. Total time (years) spent in this occupation 31

12. BIRTHPLACE (city or town) Easton Talbot Co (State or country) Maryland

MOTHER

13. NAME Saml S. Ridgaway

FATHER

14. BIRTHPLACE (city or town) Easton Md (State or country)

MOTHER

15. MAIDEN NAME Anna Snogg

16. BIRTHPLACE (city or town) Easton Md (State or country)

17. INFORMANT Mrs Emma B. Ridgaway

(Address) 214 Clarenden Ave Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date April 29 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E. Fayette St

20. FILED April 29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26/35 19

22. I HEREBY CERTIFY, That I attended deceased from 4-26-35 19 to 4-26-35 19

I last saw h. alive on 4-26-35 19 Death is said to have occurred on the date stated above, at 2:45 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation and failure	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hosp.

OCCUPATION is very important. See INSTRUCTIONS on back of certificate.

2063 Dr. Eugene Zollickoffer RD Carlton

M. D. P. 1268-9

F 12066

F 12066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 70 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Becker

(a) Residence: No. 2690 Dulaney St., Ward.
(Usual place of abode) 45 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Becker

6. DATE OF BIRTH (month, day, year) Sept 17th 1874.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home 0037

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Laurel, Md.

FATHER

13. NAME Valentine Kaiser

14. BIRTHPLACE (city or town) (State or country) Laurel Md

MOTHER

15. MAIDEN NAME Dorcas Kamrick

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Rendo Beck
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Westview Date April 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 28 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16 1935 to 4/25 1935

I last saw her alive on 4/25 1935 Death is said to have occurred on the date stated above, at 1.58 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Hypertension C. V. Renal disease	4 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. B. F. 1268-9

F 12067

12067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen G. Brown

(a) Residence: No. Darlington, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Horace G. Brown

6. DATE OF BIRTH (month, day, year) Feb. 15, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (2037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.

FATHER

13. NAME Frank Hopkins.

14. BIRTHPLACE (city or town) (State or country) Darlington Md.

MOTHER

15. MAIDEN NAME Annie Harper

16. BIRTHPLACE (city or town) (State or country) Darlington Md.

17. INFORMANT Mrs Isabel C Brown

(Address) Darlington Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Darlington Md Date April 30 1935

19. UNDERTAKER W. J. McCue Sons

(Address) North & Paca

20. FILED 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27, 1935

22. I HEREBY CERTIFY, That I Attended deceased from 4-21-, 1935 to 4-27-, 1935

I last saw her alive on 4-27, 1935 Death is said to have occurred on the date stated above, at 1.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	
	4-21

Other contributory causes of importance:

Cardiac failure

Name of operation Laparotomy Date of 4-21-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Phillip C. Dunbar M. D.

(Address) Md. Gen. Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12068 F 12068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 121

1. PLACE OF DEATH Union Memorial Hospital — Registered No. ____

CITY OF BALTIMORE: (No. ____ St., 12 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 5 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mrs Edward Samuel Sidell (Rose)

(a) Residence: No. Laurel, Maryland St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. Edward Sidell

6. DATE OF BIRTH (month, day, year) Oct. 22, 1877

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
57 years	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME Mr. Joseph Cahill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Flood

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL Laurel Mem't Date 4/28 1935

19. UNDERTAKER Joseph Weiss
(Address) Laurel, Md.

20. FILED 4-28-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-23, 1935 to 4-28, 1935

I last saw her alive on 4-28, 1935 Death is said to have occurred on the date stated above, at 6 40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis - Ruptured	4-20-35
Peritonitis	4-22-35
Hypertension	)
Chronic Nephritis with Uremia	)

Other contributory causes of importance:

Name of operation Appendectomy, drainage Date of 4-23-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ____

(Signed) Lenox D. Baker M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

Cor.—10-16-29—A Co.—100 Bks.

F 12069

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12069

CERTIFICATE OF DEATH

REGISTERED NO. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No.) Union Memorial Hospital St., Ward)

2-FULL NAME Edward Benjamin Naill

(a) RESIDENCE NO. 33 S. Belvidere Ave. St., Ward York, Pa.
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie V. Naill

6 DATE OF BIRTH (month, day, and year) March 11, 1889

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	46	1	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Employee Penn R.R
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Oakland,
(State or country) Maryland

PARENTS

10 NAME OF FATHER John P. Naill

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Cora J. Duddera

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Maryland

14 Informant Mrs. Nellie Naill
(Address) 33 S. Belvidere Ave. York Pa.

15 Filed , 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-25 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the day stated above.
The CAUSE OF DEATH* was as follows:
Gun Shot wound Throat (Head (Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

19 35 (Address) 7632 Roland Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lingamore Cemetery, Frederick Co. Md.	April 28 1935
20 UNDERTAKER E. LeRoy Stifflen, Inc.	ADDRESS 125 E. North Ave.

28 1935

M. D. B. 1268-9

F 12070

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12070

CERTIFICATE OF DEATH

9-5 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 E Lafayette Ave Ward) 24th

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John C Stilge

(a) Residence: No. 1614 E Lafayette Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Stilge

6. DATE OF BIRTH (month, day, year) Jan 20 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation. 0 0 3+

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Stilge

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Helen Ahlbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Anna Stilge

(Address) 1614 E Lafayette

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 4/29/35

19. UNDERTAKER J Keenan & Son

(Address) 31 S Broadway

20. FILED APR 28 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935 to April 26 1935

I last saw him alive on April 26, 1935. Death is said to have occurred on the date stated above, at 9:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atteriosclerosis	1925
Cerebral Hemorrhage	4-26-35

Other contributory causes of importance:

Epilepsy	1925

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward E Fingerwald M. D.

(Address) 1613 E Fayette Ave.

OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-11 250B

F 12071

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12071

CERTIFICATE OF DEATH

V 46-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 509 Orford St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Johnson

(a) Residence: No. 509 Orford St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Helen C.

6. DATE OF BIRTH (month, day, year) Mar 10 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Abingdon Md

FATHER

13. NAME Wm Johnson

14. BIRTHPLACE (city or town) (State or country) Abingdon Md

MOTHER

15. MAIDEN NAME Elizabeth Baker

16. BIRTHPLACE (city or town) (State or country) Abingdon Md

17. INFORMANT Helen C Johnson

(Address) 509 Orford

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date April 29 1935

19. UNDERTAKER Jyres Geo. E. Holland

(Address) 1600 Druid Hill Ave

APR 1935

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1935, to Apr 24, 1935

I last saw h. alive on Apr 23 1935 death is said to have occurred on the date stated above, 7:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Abt 1.1.35

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E McKee M. D.

(Address) 1126 E Fayette St

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

12072 F 12072

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 E. Preston Street St. 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles B. Cassidy

(a) Residence: No. 826 E. Ireston Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane E. Cassidy

6. DATE OF BIRTH (month, day, year) Mar. 16, 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
76	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher ob?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Bernard Cassidy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine O'Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Jane Cassidy
(Address) 826 E. Preston Street

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date April 29 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave.

20a FILED APR 28 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to April 26 1935
I last saw h— alive on April 26 1935 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Flexure of Colon	3 yr. 4 Mo.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Dr Bernard Wess M. D.

(Address) 916 N Calvert St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12073

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12073

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Little Sisters of the Poor

CITY OF BALTIMORE: (No. 1200 Valley St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Mc Crohan

(a) Residence: No. 1200 Valley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 29 Sept. 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70 ?	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dennis Mc Crohan

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Ellen O'Neil

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lester, Stanislaus, Supt.
(Address) Little Sisters of the Poor - 1200 - Valley

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date Apr 29, 1935

19. UNDERTAKER Pius Niedenfuhr
(Address) 914 Druid Hill Ave

20. FILED 28 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, 19.. to April 27, 1935.

I last saw h[illegible] alive on April 26, 1935. Death is said to have occurred on the date stated above, at 7.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Nephritis	?

Other contributory causes of importance:

Arter Sclerosis	?
Hypertension	
Chr Endocarditis	?

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Mc Carthy, M. D.

(Address) 1114 Harford Ave

M. D. P. 1268-9

F 12074

12074 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. No Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth* yrs. mos. ds.

2. FULL NAME Martha Mercer.

(a) Residence: No. Unknown Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Many years in Bay View

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): February 12, 1859

7. AGE: Years 76. Months 2 Days 14 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

FATHER

13. NAME: Jacob F. Corns

14. BIRTHPLACE (city or town) (State or country): Frederick County Maryland

MOTHER

15. MAIDEN NAME: Martha A. Walters

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Lottie E. Heckrotte (Address) 2013 Monroe St.

Remarks Bet.

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Park Cemetery April 29, 1935

19. UNDERTAKER: Joseph Cook (Address) 1005 W. Baltimore St.

20. FILED 28 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16, 1935 to 4/26, 1935

I last saw her alive on 4/26, 1935 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocardial insufficiency	10 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide* Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify)

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

12075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. No Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Graham.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Paul's Date April 29 1935

19. UNDERTAKER John C. Wyllie
(Address) 2234 E. Eliza St

Registrar

28. FILED
APR 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1935 to 4/22 1935
I last saw him alive on 4/22 1935 Death is said to have occurred on the date stated above, at 1 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

Whnt test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

THE INFORMATION IS TO BE FURNISHED ... [illegible]

M. D. P. 1268-0

E 12076

12076 HEALTH DEPARTMENT—CITY OF BALTIMORE

117-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH U. S. Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Brundige

(a) Residence: No. 412 West Saratoga Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Catherine Harris Brundige

6. DATE OF BIRTH (month, day, year) October 8, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brass Finisher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Electric

10. Date deceased last worked at this occupation (month and year) 4 years ago

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

FATHER

13. NAME William Brundige

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

MOTHER

15. MAIDEN NAME Augusta Ruth

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

17. INFORMANT (Address) U. S. Marine Hospital Records, Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place National Cem Date April 29 1935

19. UNDERTAKER Robert Brooks Olson
(Address) Calhoun & Hollins sts

20a. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from February 4 1935 to April 26 1935
I last saw him alive on April 26 1935 Death is said to have occurred on the date stated above, at 10:55a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, peptic	1926

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 4-26-35

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, [illegible]

(Signature) Russell Thomas M. D.
(Address) U.S.Marine Hospital, Balto. Md.

M. D. P. 1265-9

F 12077

12077 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

155

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Provident Hosp St., 3 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Holloway

(a) Residence: No 326 S Carlton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine Holloway

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Henry Holloway

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Catherine Holloway

(Address) 326 S Carlton St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/27/35

19. UNDERTAKER Robt F Williams

(Address) 1515 McElderry St

20. FILED 4/27/1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-25-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935 to April 25 1935

I last saw h[illegible] alive on April 25, 1935 Death is said to have occurred on the date stated above, at 8:42 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paget disease cancer	
	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1207 N Carlton St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12078

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12078

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 538 N. Bond St., 7 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Romaine Hall

(a) Residence: No. 538 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 1-1913

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Hall

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Ellen Stokley

16. BIRTHPLACE (city or town) (State oc country) Balto Md

17. INFORMANT Ellen Hall
(Address) 538 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 4/28/35

19. UNDERTAKER Robert E. Williams
(Address) 16-18 N. Eutaw St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 9/25/35 19

22. I HEREBY CERTIFY, That I attended deceased from 9/4 1934 to 9/25/35 19

I last saw her alive on 9/25 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	9/34

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Romaine Hall M. D.

(Address) 1500 E. Madison St

M. D. F. 1268-9

F 12079

12079

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for Aged St., Ward.)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Hannah Rebrovsky

(a) Residence: No. Belvedere & Greenspring Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Morris

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Nachon Rebrovsky

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dora Rebrovsky

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. Kendall Supt.

(Address) Belvedere & Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Hebrew Cemetery Date 4/28/35 19

19. UNDERTAKER Jos. Lewis Inc.

(Address) 1439 E. Baltimore St.

20. FILED 28 1935 Huntington Ave Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18 1935 to 4/28 1935

I last saw her alive on 4/28 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial pneumonia	4/26
Cardiac hypertrophy	
Other contributory causes of importance: Chronic bronchitis	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) I. Edmund Kerr M. D.

(Address) Levindale

IF CREMATION IS TO BE PERFORMED, THE INSTRUCTIONS ON BACK MUST BE COMPLIED WITH.

M. D. H 1269-0

E 12080

12080

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. City Hospital St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Meek
(a) Residence: No. 211 N Monroe St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Meek

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cemetery Date April 29- 1935
19. UNDERTAKER Charles J. Schwab
(Address) 505 N. Monroe St.

20. FILED APR 29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19... I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance: Accidental Fract of R. Femur

Name of operation ... Date of ...
What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Yes Date of injury April 20, 1935
Where did injury occur? City Hospital (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Place.
Manner of injury Fell down steps
Nature of injury Fract of R. Femur

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) D. Peterson M. D. Coroner
(Address) 1505 N Patterson Park Ave

M. D. B. 1268-9

✓ F 12081

12081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 105

Registered No. ____

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Richardson Downey.

(a) Residence: No. McDonogh School McDonogh Md. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
M	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 14th 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6 weeks	1	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none (child)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Thomas Downey.

14. BIRTHPLACE (city or town) (State or country) Frostburg Md.

MOTHER

15. MAIDEN NAME Mildred Richardson

16. BIRTHPLACE (city or town) (State or country) Beaverdale Penn.

17. INFORMANT Joseph Thomas Downey

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Frostburg. Md. Date 4/28/35

19. UNDERTAKER Wilson Harry H. Waste

(Address) 4101-Edmondson Ave Baltimore Md

20. FILED 4-29-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 25, 1935, to Apr. 28, 1935

I last saw h[illegible] alive on April 28, 1935. Death is said to have occurred on the date stated above, at 10:32 A m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset Apr. 24

Other contributory causes of importance: —

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Glenn Wilson Zeiders, M. D.

(Address) Woman's Hospital Baltimore, Md

M. D. B. [illegible]

F 12082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12082

98

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Webster

(a) Residence: No. 659 W. Baltimore St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Grace Webster

6. DATE OF BIRTH (month, day, year) March 6th 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Frederick Webster

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Sarah Heidenauel

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pottstown Pa Date May 1 1935

19. UNDERTAKER Fred. Lassahn & Son

(Address) 7401 Belair Rd.

20. FILED MAR 29 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27th 1935 to April 27th 1935

I last saw him alive on April 27th 1935. Death is said to have occurred on the date stated above, at 6:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene Feet & Legs	March 1935

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Lynch M. D.

(Address) Balto City Hosp

M. D. F 12083 F 12083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Dennis
(a) Residence: No. 3521 Parkdale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanton Dennis

6. DATE OF BIRTH (month, day, year) July 4th, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store keeper,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0045
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) W. Va.

FATHER
13. NAME Allen Harvey
14. BIRTHPLACE (city or town) (State or country) ?

MOTHER
15. MAIDEN NAME Sarah Wilson
16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records
(Address) Raybold 3522 Parkdale Ave

18. BURIAL, CREMATION, OR REMOVAL
Place St Mary's Hampstead Date April 29th 1935
Wm Cook
19. UNDERTAKER 1217 St Paul St
(Address)

20. FILED APR 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17th 1935 to April 27th 1935
I last saw her alive on April 27th 1935 Death is said to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast (Rt.)	about 1931
Other contributory causes of importance: Bronchopneumonia	4-25-35

Name of operation None Date of No
What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Hurst M. D.
(Address) Balto City Hosp

M. D. [illegible] F 12084

F 12084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Agnes Hospital St., 19 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Julius Claysville

(a) Residence: No. 228 N Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept 27 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Frederick Md

FATHER

13. NAME: William B Claysville

14. BIRTHPLACE (city or town) (State or country): Frederick Md

MOTHER

15. MAIDEN NAME: Anne Mary

16. BIRTHPLACE (city or town) (State or country): Lycoming Co Pa

17. INFORMANT: E E Kennedy MD
(Address) Catonsville MD

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date April 29 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED APR 29 1935 19... [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	4/20/35
Broncho Pneumonia	4/26/35
Automobile Accident	4/20/35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/20 1935

Where did injury occur? Frederick Rd & Wade Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph P Kenny Coroner, ... M. D.

(Address) 2200 E Madison St

M. D. R. 1268-0

F 12085 F 12085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓7

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Accident Room St., 19 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milan Petrovich

(a) Residence: No. 222 S. Carey St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Jan 14. 1935

7. AGE: Years | Months: 3 | Days: 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

13. NAME: Merwyn E Ward

14. BIRTHPLACE (city or town) (State or country): Pinefield Md

FATHER

15. MAIDEN NAME: Helen Petrovich

16. BIRTHPLACE (city or town) (State or country): Lisbon Ohio

17. INFORMANT (Address): Helen Petrovich 222 S Carey St

18. BURIAL, CREMATION, OR REMOVAL: Place: Mt Olivet Date: 4-30-35

19. UNDERTAKER (Address): Wm Cook 1217 E Gould St

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1935, to 4-28, 1935

I last saw h.. alive on 4-28, 1935. Death is said to have occurred on the date stated above, at 1150 a.m.

The principal cause of death and related causes of importance were as follows:

Measles — Date of onset 4-21-35

Pneumonia - Lobar — Date of onset 4-23-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NS

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NS If so, specify.

(Signed) ..... M. D.

(Address) .....

M. D. F 1208-F 12086 F 12086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3707 Eastern Ave St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Starkey

(a) Residence: No. 3707 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Starkey

6. DATE OF BIRTH (month, day, year) Oct 9 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME ? Klutta

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anna Jones
(Address) 3707 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date 4/29/35 19

19. UNDERTAKER Towell & Byers
(Address) 2324 E Monument Ave.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1923, to Apr 26, 1935

I last saw her alive on Apr 26, 1935. Death is said to have occurred on the date stated above, at 8 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1925
Coronary Occlusion Apr 26	1935
" Thrombosis "	
Other contributory causes of importance: Bronchial Asthma	1928

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A Wolf Kleinman M. D.

(Address) 3552 Falls Rd

M. D. B. 1368-9 F 12087 F 12087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Cecil Apts - Eutaw St., 11th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia Bond Davison

(a) Residence: No. Cecil Apts 1000 block Eutaw St., 11th Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of George Wilson Davison

6. DATE OF BIRTH (month, day, year) Jan. 12th 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Port Deposit Cecil Co. Md.

FATHER

13. NAME Thomas Bond

14. BIRTHPLACE (city or town) (State or country) Alexandria, Va.

MOTHER

15. MAIDEN NAME Mary Randall

16. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

17. INFORMANT Carolina V. Davison (Address) Cecil apts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Green Mount Cem. Date April 29. 1935

19. UNDERTAKER Henry W. Jenkins & Sons (Address) McCulloh & Orchard Sts

20. FILED APR 29 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 31. 1933 to April 26. 1935

I last saw her alive on April 26. 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Dec 31 1933
Right hemiplegia	
Senility	1930

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? P. M. — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, state

(Signed) P. W. B. Mayo M. D.

(Address) Medical Arts Bldg

M. D. B 1268-9

F 12088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12088

CERTIFICATE OF DEATH

Registered No. 90-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther Horringer

(a) Residence: No. 1700 Gwynns Falls Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jack

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Nathan Horringer

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Mary Lambel

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Reland Friendship Date 4/29/35 19

19. UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore St.

20. FILED 29 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28/35. 19

22. I HEREBY CERTIFY, That I attended deceased from January 14 19 35 to April 28 19 35.

I last saw h alive on April 28 19 35. Death is said to have occurred on the date stated above, at 5.10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
C.C.V.D. - mitral stenosis & ins	
extra impairment	
Subacute bacterial endocarditis	
Cerebral embolism	
Hemiplegia - right	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Cl Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Henry B. Mahoney M. D.

(Address) Sinai Hospital

M. D. P. 1268-9

F 12089

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12089

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH South Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 25 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? 1 yrs. mos. ds.

2. FULL NAME James Donald Rynarzewski

(a) Residence: No. 3813 Leo St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 17-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Adam Rynarzewski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ruth Wagner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Adam Rynarzewski 3813 Leo St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Date April 30 35

19. UNDERTAKER (Address) John C. Miller 2435 E. Monument St

Registrar

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10. 1935 to April 27. 1935

I last saw him alive on April 27. 1935 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Bilateral streptococcal empyema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Webb M. D.

(Address) 1213 Light St.

M. D. F. 12090 F 12090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1523

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gordon Smith

(a) Residence: No. 2600 Puget St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4 3			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boots Smith Co., Va.

FATHER

13. NAME Gordon Smith

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Julia Gordon

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Gordon Smith (Address) 26 Puget St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date Apr 29 1935

19. UNDERTAKER James A Hayes (Address) 142 Ostend St

20. FILED APR 29 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26th 1935 to April 26th 1935

I last saw him alive on April 26th 1935. Death is said to have occurred on the date stated above, at 1.00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	April 23rd

Other contributory causes of importance: Pulmonary Tuberculosis

Name of operation Spinal Tap Date of April 26th

What test confirmed diagnosis? Clinical + Bacteriological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Lauriston L. Lowe M.D. M. D.

(Address) University Hospital.

M. D. F. 1265-9

F 12091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12091

CERTIFICATE OF DEATH

✓ 126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Rogers.

(a) Residence: No. 744 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Ann.

6. DATE OF BIRTH (month, day, year) 1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Edward

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eliz. Haskins
(Address) 740 1/2 Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date April 29, 1935

19. UNDERTAKER Jesse W. Reeder
(Address) 1426 W. Fayette St. Baltimore, Md.

APR 29 1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/24, 1935 to 4/26, 1935

I last saw him alive on 4/26, 1935 Death is said to have occurred on the date stated above, at 8½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stone in common gall duct	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. P. 1208-9

F 12092

F 12092

2940 5

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nemesio Seda

(a) Residence: No. 50 Estrella St Ponce St., Ward. Porto Rico

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Odilda

6. DATE OF BIRTH (month, day, year) 12-19-80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Industrial

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Porto Rico

FATHER

13. NAME Nemesio Seda

14. BIRTHPLACE (city or town) (State or country) P Rico

MOTHER

15. MAIDEN NAME Francisca Afresi

16. BIRTHPLACE (city or town) (State or country) P Rico

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Ponce Porto Rico Date May 8. 1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ... 19... ... Registrar.

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1934 to Apr 26, 1935

I last saw him alive on Apr 26, 1935. Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Urinary Bladder	6 mo
Uremia	3 days

Other contributory causes of importance:

Surgical operation Exploration of Radium Date of 1/2/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If ... specify)

(Signed) Walter L. Clemens M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1208-9

F 12093

F 9394

F 12093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 134

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Arlin C Rose

(a) Residence: No. Blaney (Usual place of abode) St., ... Ward. South Carolina (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Bab

6. DATE OF BIRTH (month, day, year): 4-6-98

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: owns Talking Statue

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 6

12. BIRTHPLACE (city or town) (State or country): S Car

FATHER

13. NAME Samuel Walter Rose

14. BIRTHPLACE (city or town) (State or country): S C

MOTHER

15. MAIDEN NAME Dorsey Percival

16. BIRTHPLACE (city or town) (State or country): S C

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Blaney, S. C. Date April 29 1935

19. UNDERTAKER John E. Mitchell & Sons

(Address) 1900 Eutaw Place

Funeral Home Baltimore, Md.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to April 29, 1935

I last saw him alive on April 29, 1935 Death is said to have occurred on the date stated above, at 355 A m.

The principal cause of death and related causes of importance were as follows:

Uremia following removal of stones from kidney — Date of onset Mar. 1935

Pyelonephritis

Other contributory causes of importance:

Furunculosis — 4-15-35

Name of operation Pyelo Nephrotomy, Left Date of Mar. 26, 1935

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dean D. Lewis M. D.

(Address) Johns Hopkins Hosp Baltimore Md

Spec.—1-30—M. & T.—250 Bks

F 12094

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12094 131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2406 Ken Oak ST., 27 WARD)

2-FULL NAME Rosanna Belle Parker

(a) RESIDENCE NO. 2406 Ken Oak ST., WARD

(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) 11. 16. 1861

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	5	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer ✓

9 BIRTHPLACE (city or town) Baltimore City (State or country)

PARENTS

10 NAME OF FATHER John Parker

11 BIRTHPLACE OF FATHER (city or town) (State or country) Ireland

12 MAIDEN NAME OF MOTHER Rosanna Ferguson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pennsylvania

14 Informant Wm C Hall

(Address) 2406 Ken oak Ave

15 Filed 29 1935, 19 Huntington Avenue, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4 - 27. 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1934, to April 27, 1935, that I last saw h.e. alive on April 27, 1935, and that death occurred, on the date stated above, at 11. P. m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage, Cerebral Sclerosis

Arteriosclerosis

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 10 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual

(Signed) C. H. Beeton, M. D.

4-27, 1935 (Address) 201 W Washington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL — Western Cemetery

DATE OF BURIAL May 30 1935

20 UNDERTAKER John D. Mitchell Sons 1900 Eutaw Place

ADDRESS

AaCo. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12095

F 12095

CERTIFICATE OF DEATH

94-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1910 Mt. Royal Terrace St., 28 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Wilfred Enright

(a) Residence: No. 4318 Groveland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Minnie L. Enright
(nee Graham)

6. DATE OF BIRTH (month, day, year) May 27, 1868

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	66	10	28 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pattern Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9306

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Parkersburg
(State or country) W. Va.

FATHER

13. NAME Charles Enright

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Lou March

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

17. INFORMANT Mrs. Minnie L. Enright
(Address) 4318 Groveland Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Loudon Park Date Apr. 29 1935

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place.

20. FILED 29 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2 A.M. April 26 1935 to 4 A.M. April 26 1935

I last saw h.. alive on April 26 1935 death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac hypertrophy	about 1932
Hypertension	
Angina Pectoris	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Story & physical examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury none

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Edwin Romp Ballard M. D.

(Address) 1622 Mt. Royal Av

Spec.—2-29-28—L. F. S.—500 Blks.

F 12096

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

F 12096

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2229 Eutaw Pl ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Winifred Brenton

(a) RESIDENCE NO. 2229 Eutaw Pl ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 48 yrs. 6 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 28, 1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	6	29	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work. Secretary. 1086

(b) General nature of industry, business, or establishment in which employed (or employer) (Church)

(c) Name of employer not employed.

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Richard Brenton

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Addie Miller

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elkridge Md.

14 Informant Bartus I. Baggott M.D.

(Address) 2229 Eutaw Pl.

15 Filed ..... 19.. Registrar

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1932 to April 27, 1935

that I last saw her alive on April 27, 1935

and that death occurred, on the date stated above, at 1:00 A. m.

The CAUSE OF DEATH* was as follows:

Cerebral haemorrhage

Pulmonary edema

(duration of both 4 hrs)

(doration) yrs. mos. 4 hrs.

CONTRIBUTORY (Secondary) Arterial Hypertension

(duration) 3 yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam'n. Laboratory

(Signed) Bartus I. Baggott M. D.

19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Oakwood Cemetery	Apr. 29, 1935
20 UNDERTAKER	ADDRESS
Lewin Wm Sons Co	108 W Mt L

M. D. B. 1268-9

F 12097

F 12097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Philadelphia Ave Ward)

Length of residence in city or town where death occurred 48 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Engelbach

(a) Residence: No. 3205 Philadelphia Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Engelbach

6. DATE OF BIRTH (month, day, year) Aug 5 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Carl Engelbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Trautz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Katherine Buckman

(Address) 3225 Philadelphia Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem Date April 29 1935

19. UNDERTAKER John Wemert

(Address) Lee & Abbiati 2550 Eastern Ave

20. FILED April 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to April 26 1935

I last saw him alive on April 26 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Carcinoma (Pyloric)	Jan 1934
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If [illegible]

(Signed) Wallis K. A. Mayo M. D.

(Address) 1931 N. Caroline St

M. D. P. 1268-9

2098

F 12098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH St Agnes' Hospital.
CITY OF BALTIMORE: (No. Wilkens & Caton ave St., 20 Ward).
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth 32 yrs. mos. ds.

2. FULL NAME Antonio De Mario
(a) Residence: No. 374 Mt. Olivet Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Orsolina De Mario

6. DATE OF BIRTH (month, day, year) July 26 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER
13. NAME Angelo Deo De Mario
14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER
15. MAIDEN NAME Camilla Di Pampilo
16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Orsolina De Mario
(Address) 374 Mt. Olivet Lane

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Ce. April 30 1935
Place Date

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Monument St.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20 1935 to April 27 1935
I last saw him alive on April 27 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	4/20
Paralytic Ileus	4/24
Acute Gastric Dilatation	4/27

Other contributory causes of importance:

Name of operation Appendectomy Date of 4/21
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Moerke M. D.
(Address) St Agnes Hosp.

M. D. B. 1268-9

F 12099

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12099

CERTIFICATE OF DEATH

✓181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Md. General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Karl Bunkert Berry

(a) Residence: No. 1530 Park Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Betty Donaldson Berry

6. DATE OF BIRTH (month, day, year): June 27 1893

7. AGE: Years 41 | Months 10 | Days 0 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Building Contractor

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: George W Berry

14. BIRTHPLACE (city or town) (State or country): La Plata Md

MOTHER

15. MAIDEN NAME: Clarissa Bankert

16. BIRTHPLACE (city or town) (State or country): Westminster Md

17. INFORMANT: Mrs Clarissa Bankert

(Address) 1530 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Waynesboro, Pa. Date: Apr. 30, 1935

19. UNDERTAKER: Wm. J. Tickerstone & Son

(Address) North & La Rue Avenues Waynesboro, Pa.

APR 29 1935

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on Friday Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Accidental 2nd & 3rd degree burns

Date of onset

Other contributory causes of importance:

Was sitting beside fireplace when gown caught fire

Name of operation: Date of:

What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury: Apr. 27 1935

Where did injury occur? 1530 Park Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: clothing caught fire from flame

Nature of injury: Burns

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner, M. D.

(Address)

M. D. P. 1208-9

F 12100

28-322

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12100

CERTIFICATE OF DEATH

JOHNS HOPKINS HOSPITAL

72-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 7 mos. 19 dys. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Alice E. Grote (E for Elizabeth)

(a) Residence: No. 1704 N. Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harry John Grote

6. DATE OF BIRTH (month, day, year) 9/7/75

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 ~~59~~	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md (Baltimore)

FATHER

13. NAME William Cooper

14. BIRTHPLACE (city or town) (State or country) Md (Baltimore)

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Friends

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date April 29, 1935

19. UNDERTAKER Wm J. Tuckner & Sons

(Address) North & Penna Ave

29 1935 , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 26, 1935 to April 26, 1935

I last saw her alive on Apr. 26, 1935 Death is said to have occurred on the date stated above, at 7:10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myeloid leukemia	Sept. '34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Eighm M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1268-9

F 12101

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12101

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp. St., 18/1 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Dickerson.

(a) Residence: No. 227 Amity St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Edna.

6. DATE OF BIRTH (month, day, year): 9/19/82.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52.	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER

13. NAME: George Dickerson

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Tinie Haymond.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Records Bk #.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date April 30 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

29 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1935 to 4/26 1935

I last saw him alive on 4/26 1935 Death is said to have occurred on the date stated above, at 8 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyclonephritis.	?
Cystitis, urinary	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. F. 1288-9

F 12102

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12102

CERTIFICATE OF DEATH

J 108

Registered No.

(If death occurred in a hospital or institution give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mason Briscoe

(a) Residence: No. 1732 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah.

6. DATE OF BIRTH (month, day, year) 1885.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Peter

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elsie Ford.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bk.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 1, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N Schroeder St.

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/22 . 1935 to 4/27 . 1935

I last saw him alive on 4/27 . 1935 Death is said to have occurred on the date stated above, at 12 47 a. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia

Date of onset 8 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

APR 29 1935

M. D. F. 1268-9

F 12103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12103

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Maggie Tynes

(a) Residence: No. 19 N. Mount st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Tynes

6. DATE OF BIRTH (month, day, year) Sept. 30, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 6027

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Absolom Riggins

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Margaret Riggins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date Apr. 29, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder [illegible]

20. FILED . 19 .
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1934 to April 27, 1935.
I last saw her alive on April 27, 1935. Death is said to have occurred on the date stated above, at 3.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospital

M. D. F. 1268-9

F 12104

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12104

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 919 Pierce St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta White

(a) Residence: No. 919 Pierce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Archer White

6. DATE OF BIRTH (month, day, year) June 24 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 1070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Henry Goodman

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Lucy Stephenson (daughter)
(Address) 919 Pierce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date Apr 29, 1935

19. UNDERTAKER Mrs Katie L. Williams
(Address) 322 N. Schroeder St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to April 25 1935

I last saw h[illegible] alive on April 24 1935. Death is said to have occurred on the date stated above, at 12:55 p. m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/22/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) [illegible]

F 12105

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12105

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkins & Caton Ave St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Edward De Unger

(a) Residence: No. 605 Frederick Ave St., Catonsville Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 5 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME John De Unger

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ann L. Reed

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Wm. Cole

(Address) 2039 Fallsway

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date April 30 1935

19. UNDERTAKER Charles H. Keelmer

(Address) 230 Edmondson Ave

APR 29 1935

(Filed) (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1935 to 4-27 1935.

I last saw him alive on . 19 . Death is said to have occurred on the date stated above, at 8:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary carcinoma of pancreas	1 year
Other contributory causes of importance:	
Jaundice, Duodenitis	?
Chronic alcoholism	?

Name of operation None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. Kemp M. D.

(Address) St Agnes Hosp

6

M. D. B 1268-9

F 12106

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12106

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square 15 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Schwartz

(a) Residence: No. 3210 Piedmont Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Louis Schwartz

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 34; Months; Days; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Joseph ?

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ellen Frish

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis Schwartz

(Address): Unknown

18. BURIAL, CREMATION, OR REMOVAL

Place: Wash Rd Date: 4-29-35 19

19. UNDERTAKER: Jack Lewis Co

(Address): 1439 E. Baltimore St.

APR 29 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquest 19... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of the lung due to bullet wounds	Apr 27 1935

Other contributory causes of importance:

Homicide

Name of operation ... Date of ...

What test confirmed diagnosis? Inquest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Injury 4-27 1935

Where did injury occur? Italian Market
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Public Place

Manner of injury: Shot with revolver

Nature of injury: Hemorrhage of lung

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jos. L. Valentine M. D.
Coroner

(Address) 16 South Broadway

M. D. Res-2 F 12107

F 12107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3404 Chestnut Ave St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Dorsey

(a) Residence: No. 3404 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Josephine Dorsey

6. DATE OF BIRTH (month, day, year) Jan 28 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill Worker

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME Hammond Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Clarinda Reed

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Harry Dorsey

(Address) 3348 Chestnut Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 30 1935

19. UNDERTAKER Franklin H. Sloan

(Address) 709 W. 36th St.

20. FILED 29 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to April 27 1935

I last saw h. alive on April 27 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio Renal disease — Date of onset 2 yrs

Other contributory causes of importance: Uremia — 3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 3427 Chestnut Ave

M. D. B 1268-9

12108

HEALTH DEPARTMENT—CITY OF BALTIMORE

12108

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 - East 23 St. 12 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie L. Hamilton

(a) Residence: No. 436 - East 23 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fe	Col	Married -

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Benjamin Hamilton

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days ?	If LESS than 1 day, hrs. or min.
	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -

10. Date deceased last worked at this occupation (month and year) -

11. Total time (years) spent in this occupation -

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Benjamin Hamilton
(Address) 436 East 23 St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Cem Date 4/30 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

[illegible] Registrar.

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 14 1935 to Apr. 27 1935

I last saw her alive on Apr 27 1935. Death is said to have occurred on the date stated above, at 5:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	Apr. 14

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? - Date of injury ..... 19..

Where did injury occur? - (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury -

Nature of Injury -

24. Was disease or injury in any way related to occupation of deceased? -
If so, specify .....

(Signed) R. Garland Schnuelle M. D.

(Address) 1534 - Druid Hill Ave

M. D. P. 1268-9

✓ F 12109

12109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4624 York Road St. 27 (Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret O'Connell Fitzgerald.

(a) Residence: No. 4624 York Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: James McFitzgerald

6. DATE OF BIRTH (month, day, year): 1865

7. AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

FATHER

13. NAME: Edward O'Connell

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Mary Hallinan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Thornton

(Address) 4624 York Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery Apr 29 1935

19. UNDERTAKER: Mary V. McFadden

(Address) 921 E. 22nd St.

20. FILED: APR 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to April 27 1935

I last saw h[er] alive on April 27 1935 Death is said to have occurred on the date stated above, at 3.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	4/20/35
Other contributory causes of importance: Bronchio-Pneumonia	4/20/35
Hypostatic.	4/7/35

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, Specify

(Signed) John G. Young M. D.

(Address) 4704 York Road

M. D. B. 1268-9

F 12110

12110 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

X 24

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 St. Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4 ds. How long in U. S. if of foreign birth? — yrs. 2 mos. — ds.

2. FULL NAME Virginia Skipper

(a) Residence: No. Trappe Maryland St. ~~Ward~~ Trappe Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Sept. 4, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Trappe Maryland

FATHER

13. NAME Clarence Skipper

14. BIRTHPLACE (city or town) (State or country) Trappe Md.

MOTHER

15. MAIDEN NAME Louise Traynor

16. BIRTHPLACE (city or town) (State or country) Trappe Md.

17. INFORMANT Mrs. Clarence Skipper
(Address) Trappe Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Trappe Md Date 5-6-1935

19. UNDERTAKER John C. Miller
(Address) Easton Md.

29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1935 to April 29, 1935

I last saw her alive on April 29, 1935 Death is said to have occurred on the date stated above, at 11:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	4/22/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston S. Keown M. D.

(Address) University Hospital.

M. D. R. 1268-

F 12111 ✓ F 12111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7th Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thos. Tweedall.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 11/27/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
81	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary E. Bryant.

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Rendo Beth.
(Address)

18. BURIAL, ~~CREMATION~~ or REMOVAL
Place Mt. Olivet Dec 30 1935

19. UNDERTAKER Ellis S. White
(Address) 2554 Madison Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1 1932 to 4/28 1935

I last saw him alive on 4/28 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. F. 1268-9

F 12112 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12112

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Emersonian Apts. 3 C St., 13 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Judah Lehman

(a) Residence: No. Emersonian Apts. 3 C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Meat Packer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Abraham Lehman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mina Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. Rosenbaum
(Address) Emersonian Apts. 3 C.

18. BURIAL, ~~CREMATION~~ OR REMOVAL
Place Oheb Shalom Cem. Date Apr. 30, 1935

19. UNDERTAKER David Sandhaus & Son
(Address) 1902 Eutaw Place

PR 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to April 28, 1935

I last saw him alive on April 28, 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Pancreatic Inflammation Nephritis	5yrs
Other contributory causes of importance:	
General Arteriosclerosis Emphysema	10 yrs

Name of operation ~~(illegible)~~ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Emil F. Mayer M. D.

(Address) Esplanade Apts.

M. D. B. 1268-9

F 12113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12113

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 14 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence A. Malloy Sr.

(a) Residence: No. 480 Baker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie.

6. DATE OF BIRTH (month, day, year) Oct 1, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83.	6	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharon, S.C.

FATHER

13. NAME Apson

14. BIRTHPLACE (city or town) (State or country) Sharon, S.C.

MOTHER

15. MAIDEN NAME Charlotte

16. BIRTHPLACE (city or town) (State or country) Sharon, S.C.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 29, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED April 29, 1935 [illegible] Registrar.

1315

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1933 to 4/21, 1935

I last saw h[illegible] alive on 4/21, 1935 Death is said to have occurred on the date stated above, at 6.25 a. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset 2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. F 1268-9

✓ F 12114

12114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard (Raymond) Harris

(a) Residence: No. 311 N. Carey st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Bertha Harris

6. DATE OF BIRTH (month, day, year) July 9, 1905

7. AGE	Years	Months	Days	If LESS than 1 day: hrs. or min.
	29	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Wilson Harris

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Katie ?

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 27 1935

19. UNDERTAKER
(Address)

29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to April 25, 1935
I last saw him alive on April 25, 1935. Death is said to have occurred on the date stated above, at 4.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospitals

M. D. F. 1263-9

F 12115

F 12115 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 12th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Dixon

(a) Residence: No. 1412 Pennsylvania Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Black	single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 26 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Rayfield Williams

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Adlina Dixon

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date April 29, 1935

19. UNDERTAKER

(Address)

29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1935 to April 26, 1935

I last saw her alive on April 26, 1935. Death is said to have occurred on the date stated above, at 12:12 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity - 6½ hours

Date of onset

Other contributory causes of importance:

Possibly Syphilis of Mother

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Dr. Anne Sterling M. D.

(Address) Balto. City Hospitals

M. D. B 1268-9

✓ F 12116

12116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Willian & York Sts. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C. Tyler.

(a) Residence: No. 1241 Willian St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 27, 1924

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

13. NAME John A. Tyler.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Lillian Westbrook.

16. BIRTHPLACE (city or town) (State or country) Cambridge, Md.

17. INFORMANT Lillian Tyler. (mother)
(Address) 1241 Willian St.

18. BURIAL, CREMATION, OR REMOVAL Cambridge Md Date 4-30th 1935

19. UNDERTAKER Bernard C Harle
(Address) 1000 S Paca St

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 p-m-m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Accidental fall from a raft while at play	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/28/35 19.....

Where did injury occur? Willian & York Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Ball over board.

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Otto Reinhardt, M. D. Coroner

4/29/35 Address 1017 E. Charles St.

M. D. B. 1265-9

F 12117

12117

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 Richard Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Martin Reisinger

(a) Residence: No. 5102 Richard Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fredericka Reisinger

6. DATE OF BIRTH (month, day, year) December 10, 1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Reisinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Loos

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Hilda Gartner
(Address) 5102 Richard Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date April 30/35

19. UNDERTAKER [illegible]
(Address) [illegible]

[illegible] Registrar.

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27/35 19

22. I HEREBY CERTIFY, That I attended deceased from March 15 1935 to April 27 1935

I last saw him alive on April 27 1935. Death is said to have occurred on the date stated above, at 11.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

Other contributory causes of importance: Colitis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ryan Fuller M. D.

(Address) 5703 Harford Rd.

M. D. P. 1268-9

F 12118

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12118 39

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A Eastman

(a) Residence: No. 2525 Barclay St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Miles J Eastman

6. DATE OF BIRTH (month, day, year) 2-17-51

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Keller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Martha ?

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Clarendon Va Date Apr 29 1935

19. UNDERTAKER W J Tuckney & Son

(Address) Wilmington Delaware

29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to April 29, 1935

I last saw her alive on April 29, 1935 Death is said to have occurred on the date stated above, at 5.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & heart disease	?
Emphysema	
Medias steinal tumor	2yrs ?

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Virginia Susan Cowan M. D.

(Address) Johns Hopkins Hospital

M. D. F 1268-9

F 12119

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12119

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4301 Roland Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME KATHERINE E. SMITH

(a) Residence: No. 4301 Roland Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester, N.Y.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Florentine Schilling

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Kirkleigh Villa
(Address) 4301 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Rochester N. Y. Date 4/29/35, 19

19. UNDERTAKER Chas. P. Grace & Son
(Address) 1811 W. Royal Ave

20. FILED [illegible]
29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 35

22. I HEREBY CERTIFY, That I attended deceased from Mch 1, 35, to April 29, 35

I last saw her alive on April 29, 35. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilitation	2 Hrs
	6 mo

Other contributory causes of importance: Carcinoma Cervix Part of Ethmoid Sup. Inferior Turbinate Hypertension

Name of operation Removal of Uterus Date 3/30/35

What test confirmed diagnosis Clinical & Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Vernon F. Kelly M. D.

(Address) 608 Homeland Ave

M. D. F 1268-9

(Coroneos) ✓ F 12120

12120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-107a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theodore Coroneos

(a) Residence: No. 301 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/15/1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pool Attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Parlor

10. Date deceased last worked at this occupation (month and year) 8 dys

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greece.

FATHER

13. NAME Pete Coroneos

14. BIRTHPLACE (city or town) (State or country) Greece.

MOTHER

15. MAIDEN NAME Mary Corithares

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Records Bet.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Woodlawn Date April 29 1935

19. UNDERTAKER Chenowith Bros.
(Address) 3615-17 Reisterstown

FILED APR 29 1935 [illegible], Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1935 to 4/24 1935

I last saw h. in alive on 4/24 1935 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reite, M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F. Machen - Falls Road

F 12121

F 1212 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Harlem Ave St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H. Hoffmaster

(a) Residence: No. 2819 Harlem Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ethelda Hoffmaster

6. DATE OF BIRTH (month, day, year) Dec 31, 1891

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United R.R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Charles Hoffmaster

14. BIRTHPLACE (city or town) (State or country) W Va

MOTHER

15. MAIDEN NAME Jennie C. Armstrong

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Ethelda Hoffmaster

(Address) 2819 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 30, 1935

19. UNDERTAKER Chenoweth & Son

(Address) 3615 17 Chestnut Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1935, to April 28, 1935

I last saw h... alive on April 28, 1935. Death is said to have occurred on the date stated above, at 2400 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Dilatation	
Uremia	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Partial Decompensation

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J. H. Lynch, M. D.

(Address) 4037 Falls Road

M. D. B. 1268-9

F 12122

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12122

CERTIFICATE OF DEATH

Registered No. 948

1. PLACE OF DEATH West Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Fayette & Greenland St., 19 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul Colletti

(a) Residence: No. 402 S. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Colletti

6. DATE OF BIRTH (month, day, year) Sept 14, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	6	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Paul Colletti

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Anna Guerrera

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Joffon Stratford
(Address) 331 B mount st

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date May 1st, 1935

19. UNDERTAKER Holt & Brooks Olson
(Address) Calhoun & Fayette Sts

... Registrar.

MAY 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1935 to April 28, 1935

I last saw him alive on April 26, 1935 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4-1-35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo Ashman M. D.

(Address) West Balto Gen'l Hosp

H. D. B 1268-9

F 12123

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12123

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. W. Balto Gen Hosp St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Schroder

(a) Residence: No. 2855 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn

7. DATE OF BIRTH (month, day, year) Feb 28 - 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	25	11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman on

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steam Shovel Co

10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Walter Schroder

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Daisy Frock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Richard D. Schroder
(Address) 2855 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date 4/30 '35

19. UNDERTAKER Geo. W. Little
(Address) 2100 Edmondson Ave.

20. FILED 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h.. alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Sudden	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Leik M. D.
Coroner

(Address) Coroner

M. D. P. 1968-9

B 12124

12124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH St Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens Ave Ward) 70

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Fitzpatrick

(a) Residence: No. 300 S Payson St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) March 24 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Water Dept

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 26 yr

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Patrick Fitzpatrick

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Devine

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Ella L. Heil

(Address) 300 S. Payson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Cathedral Date April 1st 1935

19. UNDERTAKER George L. Schmidt

(Address) 210 E Fredrick Ave.

APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20. 1935. to April 28. 1935. I last saw him alive on April 28. 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Arteriosclerotic Heart Disease	
Other contributory causes of importance: Arteriosclerosis Gangrene Foot (left)	4-15-35

Name of operation Amputation leg (left) Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Johnpt. F. Heil M. D.

(Address) St. Agnes Hospital

M. D. B. 1368-B F 12125

F 12125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 98

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Echle
(a) Residence: No. 2708 E Jefferson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Minnie Echle

6. DATE OF BIRTH (month, day, year) 4-21-1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	0	5	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Freight Dept.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. R. R. Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER
13. NAME Jacob Echle Sr.
14. BIRTHPLACE (city or town) (State or country)

MOTHER
15. MAIDEN NAME Johana Sr.
16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date April 30 1935

19. UNDERTAKER Philip Herring Sons
(Address) 2016 Orleans St

APR 30 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-22 1935 to 4-26 1935
I last saw h[illegible] alive on 4-26 1935 Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Gangrene Rt Leg.	Unknown

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Unknown If so, specify

(Signed) Samuel Lothrop M. D.
(Address) Balto City Hosp

M. D. P. 1935 F 12126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12126

X-93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Hotel St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank M. Smith

(a) Residence: No. St., Ward. Roanoke, Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 54	55	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bellmont Co Va

FATHER

13. NAME J. E. Smith

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mennie James

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) J. M. Oakey Roanoke Va

18. BURIAL, CREMATION, OR REMOVAL Place Roanoke Va Date 4/30/35 19

19. UNDERTAKER (Address) Wm J. Eskew & Sons Roanoke Va

20. FILED APR 30 1935 [illegible] REGISTRAR

Ex. Eugene Fuller 1120 Cor. Wild.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935, to April 29, 1935

I last saw him alive on April 29, 1935. Death is said to have occurred on the date stated above, at 6.10 p m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Townsend M. D.

(Address) 1934 W Clkens Av

M. F. 12127 F 12127

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hospital 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winslow Thomas Jr.

(a) Residence: No. 520 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Baby

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-22-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	0 11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0 0 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER FATHER

13. NAME Winslow Thomas

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Veronica Williams

16. BIRTHPLACE (city or town) (State or country) Savannah Ga

17. INFORMANT Veronica Thomas

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Hebrew Auburn Cem 4/30 35

19. UNDERTAKER Clement P. Manley

(Address) 818 Dong St Fleet Ker.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15 . 1935 . to 4-26 . 1935

I last saw him alive on 4-26 . 1935 . Death is said to have occurred on the date stated above, at 11½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Congestion	
Other contributory causes of importance: Primary Left Lobar Pneumonia	4-15-35

Name of operation Lot Date of ?

What test confirmed diagnosis Lot Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Colin B. LeCompte M. D.

(Address) Provident Hosp

M. D. H 1268-9

F 12128

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12128

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1104 W Hamburg St., 21 Ward)

Length of residence in city or town where death occurred: Life yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME George C. Fulton

(a) Residence: No. 1104 W Hamburg St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella V. Fulton

6. DATE OF BIRTH (month, day, year): May 9- 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0045

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: William S. Fulton

14. BIRTHPLACE (city or town) (State or country): Laurel Maryland

MOTHER

15. MAIDEN NAME: Ellen Gobrecht

16. BIRTHPLACE (city or town) (State or country): Laurel Maryland

17. INFORMANT: Mrs. Mary E. Burns

(Address): 1114 W. Lora St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: APRIL 30 1935

19. UNDERTAKER: John F Penny

(Address): 715 Light St.

(Signature) ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Injury 19... Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

Bullet wound in abdomen — Date of onset: Apr 26 1935

Other contributory causes of importance:

Suicide

Name of operation ... Date of ...

What test confirmed diagnosis? Injury Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 4-26, 1935

Where did injury occur? 1104 W Hamburg (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In home

Manner of injury Bullet wound in abdomen

Nature of injury Abdominal Hemorrhage

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify:

(Signed) John L. Valentine M. D.
Coroner

(Address) 16 20 Bonaparte

F 12129

M. D. B. 1-9

F 12129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 317 E Hamburg St. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs, mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. C. Airey

(a) Residence: No. 317 E Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A Airey

6. DATE OF BIRTH (month, day, year) July 11 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tug boat Capt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME Joseph Airey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Corsey

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT Mrs Ida Crawford

(Address) 2031 Hollins at

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date APRIL 30 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

APR 30 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16 1935 to April 26, 1935

I last saw him alive on April 26 1935 Death is said to have occurred on the date stated above, at 10 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorrhage	April 23/35
Other contributory causes of importance: Arteriosclerosis.	1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Henry F. Buettner M. D.

(Address) 1319 Light St, Balto. Md

M. D. F 12130 F 12130

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton St., and V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Greff (Bronislaw Gregorek)

(a) Residence: No. 236 S Washington St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ alive Greff

6. DATE OF BIRTH (month, day, year) 8-15-1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Gregorek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Gorek.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Mrs. Gregorek. Wife

(Address) 236 S Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 1. 1935

19. UNDERTAKER Fred W Ozarowski

(Address) 1300 Eastern Ave

FILED — 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to April 28 1935

I last saw him alive on April 28 1935 Death is said to have occurred on the date stated above, at 5 40 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (sublingual type)	4/22
Other contributory causes of importance: Toxemia from above	4/25 ?

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John F. Healy M. D.

(Address) St. Agnes' Hospital

M. D. P. 1268-9

F 12131

F 12131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1808 East Oliver St., 12 Ward)

Length of residence in city or town where death occurred 76 yrs. 0 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Betty Deetjen Mack

(a) Residence: No. 2812 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis C. Mack

6. DATE OF BIRTH (month, day, year) April 11 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 76	0	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Isaak Deetjen

14. BIRTHPLACE (city or town) (State or country) Norway

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Nelson J. Thomas

(Address) 2812 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date Apr. 30. 1935

19. UNDERTAKER Stuart & Mowen Co

(Address) 108 W. Madison St.

20. FILED APR 30 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1935 to April 28, 1935

I last saw h[illegible] alive on April 27, 1935 Death is said to have occurred on the date stated above, at 1408 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	20 yrs
Aortic Insufficiency	4 yrs
Other contributory causes of importance	
Cardiac Decompensation	10 days

Name of operation Physical Exam Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Albert Rosenberg, M. D.

(Address) 2025 E. Fayette St.

M. D. P. 1208-9

F 12132

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-E-97

F 12132

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4408 Mrk. 4th Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Snowden

(a) Residence: No. 4408 Mrk Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	C.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie Snowden

6. DATE OF BIRTH (month, day, year) 1/26/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown, Md

FATHER

13. NAME Benj. Snowden

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Culbertson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Joseph Shentrup (Address) 4408 Mrk Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/30 19 35

19. UNDERTAKER Thomas E. Nelson (Address) 1303 Eastern Ave

20. FILED ... 19 ... Registrar

JUL 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/28/35

22. I HEREBY CERTIFY, That I attended deceased from July 14th 1935 to July 28 1935

I last saw h alive on July 24th 1935. Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1(a) Coma & Uremia	July 14th 1935
Due to Arterio Sclerosis	Unk

Other contributory causes of importance:

Arteria Atherosis

Name of operation — Date of ...

What test confirmed diagnosis? Received Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Ellis, M. D.

(Address) 724 Mrk Ave

M. D. P. 1268-9

F 12133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12133

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethel Duke

(a) Residence: No. 1627 W. Franklin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 15, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Howard Duke

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Annie Brown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 4/30/ 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 303 Pressman ... Funeral Service

30 1935 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from December 7 . 1933 to April 27 . 1935

I last saw her alive on April 27 . 35 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospital

M. D. R. 1268-0

F 12134

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12131

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 W. North Ave. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna L. Starry

(a) Residence: No. 700 W. North Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Francis M. Starry

6. DATE OF BIRTH (month, day, year) August 14 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	8	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Arthur Nicholson

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME A. Sprucebank

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Nellie Wickes

(Address) 700 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date April 30 1935

19. UNDERTAKER E. Leroy Stiffler, Jr. Inc.

(Address) 1256 North Ave.

20. FILED 30 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/8 1934 to March 1935

last saw h[illegible] alive on 4/28 1935 Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Carcinomatosis	over
Other contributory causes of importance: Anemia	2 Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. J. Volenick M. D.

(Address) 4710 Liberty Ave

M. D. B. 1265-9

12135 HEALTH DEPARTMENT—CITY OF BALTIMORE RE 12135

298487

CERTIFICATE OF DEATH

XV108

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Agnes Williams

(a) Residence: No. 305 N Lenox ave St., X Ward. Towson Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/16, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
V		6 weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Levering Williams

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Etta Osborne

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem Towson Md Date 4-30-, 1935

19. UNDERTAKER Byrom Mamie K Wright
(Address) 1218 McCulloh St

FILED APR 30 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935, to April 28, 1935
I last saw her alive on April 28, 1935 Death is said to have occurred on the date stated above, at 6.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia lobar	4-22-35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Xray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Lawrence M. D.

(Address) Johns Hopkins Hospital

A&Co. 5-31 250B

F 12136

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12136

CERTIFICATE OF DEATH

1131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 211 N Carrollton ave St. 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Howard

(a) Residence: No. 211 N Carrollton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Howard

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Charles Howard
(Address) 211 N Carrollton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 1 1935

19. UNDERTAKER James A Hayes
(Address) 344 W Fayette St

20. FILED ..... 19..... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 28 1935, to April 28 1935, I last saw her alive on 4/28 1935, death is said to have occurred on the date stated above, at 5.50 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/15/35
with acute congestion of lungs.	

Other contributory causes of importance: Interstitial Nephritis 2 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. Gilliss M. D.

(Address) 512 N Arlington Ave

M. D. R. 1265-9

F 12137

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12137

CERTIFICATE OF DEATH

189-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 22 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Lee Dorsey

(a) Residence: No. 432 W Pennetta St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 8-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		5	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Earl Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella M. Wade

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Earl Dorsey
(Address) 432 W. Pennetta

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date Apr 30 19 35

19. UNDERTAKER James Abrams
(Address) 1142 Mosher St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to April 28, 1935

I last saw him alive on April 28, 1935. Death is said to have occurred on the date stated above, at 1:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(2) Acute Otitis Media	3/20/35
(1) Malnutrition	3/28/35
Dehydration	
Other contributory causes of importance:	
Severe Eczema	3/20/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauriston L. Lenox Jr. M. D.

(Address) University Hospital,

M. D. P. 1264-9

F 12138

12138 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Old Frederick Road St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles F. Ensor

(a) Residence: No. 3918 Old Frederick Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret C. Ensor

6. DATE OF BIRTH (month, day, year) May 24, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0016

10. Date deceased last worked at this occupation (month and year) 5/33

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

FATHER

13. NAME Augustus Ensor

14. BIRTHPLACE (city or town) (State or country) Westminster Md Carroll County

MOTHER

15. MAIDEN NAME Emma V. Mosher

16. BIRTHPLACE (city or town) (State or country) Westminster Md Carroll County

17. INFORMANT Mrs. Margaret C. Ensor (Address) 3918 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL Place Westminster Date 5-1 1935

19. UNDERTAKER Young A. Bright Jr. (Address) 1411 E. Baltimore St.

20. FILED APR 30 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1934 to April 29 1935

I last saw him alive on April 29, 1935 Death is said to have occurred on the date stated above, at 12 45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	5 days
Myocarditis	2 yrs.
Arteriosclerosis	3 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. L. Long, M. D.

(Address) 48 Southway

H. D. B 1268-9

12139

F 12139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (University Hospital St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jessie Arnold Carter

(a) Residence: No. 407 Pine St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 21-1933

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Jessie Carter

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Malinda

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jessie Carter
(Address) 407 N. Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cem Date 5/1/ 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED ..... 19 ..... Registrar

MAY 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Primary Broncho-pneumonia	4/27/35
Other contributory causes of importance: Convulsions	4/28/35

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signature) Eugene Talbot M. D.
Coroner
(Address) 2309 Eastern Ave

M. D. F. 1268-9

F 12140

12140 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 N. Bentalou St., 45 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Abraham Monfried

(a) Residence: No. 1635 N Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Maker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Solomon Monfried

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Ida

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Cecelia Sussman

(Address) 1635 N. Bentalou

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 4-30-35, 19

19. UNDERTAKER Jack Lewis & Bro

(Address) 1439 E. Balto St

20. FILED 19 Registrar

APR 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27 1935 to April 30 1935

I last saw him alive on April 30 1935. Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart dilatation	4/28
Myocarditis	
Oedema of lungs	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. J. Boylan M. D.

(Address) 2040 Eutaw

M. D. F. 1268-9

F 12141

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12141

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (S. Provident Hosp. St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Wilson

(a) Residence: No. 852 Vine St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Fmal

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Chas Wilson

6. DATE OF BIRTH (month, day, year): Jun 15-1903

7. AGE: Years 31 | Months 10 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: Hamilton Trisby

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Rachel Lescoe

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Chas Wilson 852 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date April 30. 1935

19. UNDERTAKER (Address): Chas G. Cocker 5144 Reisterstown Rd.

[illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Thu 27th . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... Thursday, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accident	
Gangrene of leg	
Other contributory causes of importance: Fractured left leg.	
Amputation of leg	Thu 26

Name of operation: ... Date of: ...

What test confirmed diagnosis: Begun Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: Thursday 19 35

Where did injury occur? 852 Vine St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury: Fell off porch

Nature of injury: Fractured leg.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. Blank M. D. Coroner

(Address) Coroners

M. D. P. 1268-9

F 12142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12142

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kyle Sumpter

(a) Residence: No. Perryville, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	W.

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Virginia Sumpter

6. DATE OF BIRTH (month, day, and year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laboring Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. P. R. R. Co.

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Cumb. Cross Va.

FATHER

13. NAME Kyle Sumpter

14. BIRTHPLACE (city or town) (State or country) Cumb. Cross Va.

MOTHER

15. MAIDEN NAME Willie Allen

16. BIRTHPLACE (city or town) (State or country) Cumb. Cross Va.

17. INFORMANT W. L. Booth

(Address) 1402 Towsontown Boulevard

18. BURIAL, CREMATION, OR REMOVAL

Place Carrollton Md. Date April 30 1935

19. UNDERTAKER Geo. Peterson & Sons

(Address) Perryville Md.

20. FILED APR 30 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-22-35, 19... to 4-29, 1935

I last saw h[im] alive on 4-30, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fracture of 7th Cervical spine — Date of onset 4-19-35

Other contributory causes of importance:

Name of operation Cervical Laminectomy Date of 4-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 4-19, 1935

Where did injury occur? Perryville, Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home

Manner of injury Fall from ladder

Nature of injury Fracture 7th Cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) M L Fearing, M. D.

(Address) University Hospital.

Spec.—8-16-29—L. F. S.—100 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12143

F 12143

CERTIFICATE OF DEATH

✓ 23

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 S. Potomac ST., 1 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Hartnett

(a) RESIDENCE NO. 914 S. Potomac ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or [illegible] (write word): divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of John Hartnett

6 DATE OF BIRTH (month, day, and year): July 10 1892

7 AGE: Years 42 Months 9 Days 19 If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: none

(b) General nature of industry, business, or establishment in which employed (or employer): formerly housewife

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Baltimore Maryland

10 NAME OF FATHER: unknown Schmidt

11 BIRTHPLACE OF FATHER (city or town) (State or country): unknown Germany

12 MAIDEN NAME OF MOTHER: Catherine Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown Germany

14 Informant: Wm F. Brandt

(Address): 914 S. Potomac St

15 Filed APR 30 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 27 1935

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1935, to April 27 1935

that I last saw h[illegible] alive on April 27, 1935

and that death occurred, on the date stated above, at 9.55 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) obscure pelvic disorder (mitogal Sinai Hospital) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) W. W. Wright, M. D.

April 29 1935 (Address) 1610 E. Eldwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Oakland Cemetery

UNDERTAKER: W M Cook

DATE OF BURIAL: April 30 1935

ADDRESS: 1217 St Paul St

M. D. B. 1208-9

2144

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12144

CERTIFICATE OF DEATH

✓ 107-a

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 York Court, Guilford / 12 Ward)

Length of residence in city or town where death occurred 18 yrs. -- mos. -- ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary Ward Hoyt

(a) Residence: No. 21 York Court St., ____ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Friend Hoyt

6. DATE OF BIRTH (month, day, year) May 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ok 37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Felts' Mills New York

FATHER

13. NAME Moss K. Ward

14. BIRTHPLACE (city or town) (State or country) Not obtainable " "

MOTHER

15. MAIDEN NAME Mary Carter

16. BIRTHPLACE (city or town) (State or country) Not obtainable " "

17. INFORMANT Mr E. W. W. Hoyt

(Address) 21 York Court, Guilford

18. BURIAL, CREMATION, OR REMOVAL Place Port Leyden N.Y. Date 4/30 1935

19. UNDERTAKER Hawley & Beahan

(Address) 3 E. Fayette St.

APR 30 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1930 to April 30 1935.

I last saw h e alive on April 30 1935. Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia -	
Arterio-sclerosis - (marked)	
(generalized + cerebral)	Apr. 25

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) E. W. Brid[illegible] M. D.

(Address) 11- E. Chas[illegible] St. Balto. Md.

6

M. D. F. 1268-9

F 12145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12145

CERTIFICATE OF DEATH

Registered No. V 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4405 Bayonne Ave. St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FLORENCE HOLBROOK GOODWIN

(a) Residence: No. 4405 Bayonne Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Goodwin

6. DATE OF BIRTH (month, day, year) Oct. 24. 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME James Holbrook

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

MOTHER

15. MAIDEN NAME Emma Chiveral

16. BIRTHPLACE (city or town) (State or country) Fredericksburg Virginia

17. INFORMANT Mr. Geo. H. Goodwin (Son)
(Address) 189 Gittings Ave. Govans

18. BURIAL, CREMATION, OR REMOVAL
Baltimore Cem. Date Apr. 30. 1935
(Place)

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED Apr 30 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to April 27, 1935.
I last saw her alive on April 27, 1935. Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1930
Uterine Hemmorhages	1930

Other contributory causes of importance:

Cardiac Failure	4/20/35

Name of operation ~ Date of ~

What test confirmed diagnosis? ~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ~ Date of injury ~ 19...

Where did injury occur? ~
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ~

Manner of injury ~

Nature of injury ~

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ~

(Signed) Robert L. Kirk M. D.

(Address) 3126 Harford Rd.

M. D. B. 1268-9

F 12146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12146

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia White

(a) Residence: No. 610 N. Charles St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert White.

6. DATE OF BIRTH (month, day, year) 5/30/1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Carey Batts.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Georgianna Johnson

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 4/30/35

19. UNDERTAKER Isaiah L. Dumont Sons

(Address) 108 W Montgomery St

20. FILED 4/30/1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1935 to 4/28, 1935

I last saw her alive on 4/28, 1935 Death is said to have occurred on the date stated above, at 4 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	11 days.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Peters M. D.

(Address) Balto City Hosp

M. D. B. 1268-2

F 12147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12147

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Budnick

(a) Residence: No. 2807 Ullman Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rose

7. DATE OF BIRTH (month, day, year) Jan 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Morris Budnick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Etta ------

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rose Budnick

(Address) 2807 Ullman Ave

18. BURIAL, CREMATION, OR REMOVAL

(Place) Shaw Herring Mem Date April 30 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E. Balto St

Filed ... m. ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above. 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock-hemorrhage	

Other contributory causes of importance:

Probable cancer of stomach

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Jos L Pano M. D.
Coroner

(Address) 508 E Monument

M. D. B. 1268-9

F 12148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12148

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No.) Fayette & Pulaski 29 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. 6 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mabel A. Henze

(a) Residence: No. 510 Westgate Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ X

6. DATE OF BIRTH (month, day, year) Oct 29- 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Regutter Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Wm Henze

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lillian M. Bode

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Lillian Henze

(Address) 510 Westgate Road

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Cem Date May 2 19 35

19. UNDERTAKER Geo Leimbach

(Address) 525 Fayette St

No. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28 — 1935

22. I HEREBY CERTIFY, That I attended deceased from (3 p.m.) 4-28 1935 to (10 p.m.) 4-28 1935

I last saw h~~er~~ alive on 4-28 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Foods Vomited	
Coma	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Dan. J. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. B 1265-9

F 12149

HEALTH DEPARTMENT—CITY OF BALTIMORE

12149

CERTIFICATE OF DEATH

181

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Eck

(a) Residence: No. 1620 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of August

6. DATE OF BIRTH (month, day, year) Jany 1/1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Nicholas Fishbar

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Apple

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry A. Eck

(Address) 222 E. University Parkway

18. BURIAL, CREMATION OR REMOVAL London Park Cemetery Date May 1 1935

19. UNDERTAKER Chas. G. Flach

(Address) 742 W. Fayette Ave

20. FILED APR 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 29/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia & Shock due to burns over body and arms	4/16/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury Apr 16/35

Where did injury occur? Baltimore, Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place clothes ignited from hot ashes

Manner of injury that she was carrying from

Nature of injury cellar of her home

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] Coroner . M. D.

(Address) 1-18 E Monument

M. D. F. 1268-9

12150 HEALTH DEPARTMENT—CITY OF BALTIMORE 12150

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 Eutaw St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie Mc Colley

(a) Residence: No. 1715 Eutaw St., Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jack Mc Colley

6. DATE OF BIRTH (month, day, year): - - 1890

7. AGE: Years: 46 | Months: - | Days: - | If LESS than 1 day, hrs. or min.: -

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: - 1910

10. Date deceased last worked at this occupation (month and year): -

11. Total time (years) spent in this occupation: -

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Down Carter

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Mary Mc Colley

(Address): 1715 Eutaw St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: April 29 35

19. UNDERTAKER: George P. A. Upton

(Address): 1735 Druid Hill Ave

FILED APR 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr. 27th 35

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9th 35 to Apr. 27th 35

I last saw her alive on Apr. 27th 35 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 18 mos ago

Other contributory causes of importance:

Carcinoma —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E. Bell M. D.

(Address) 713 N. Eutaw St.

M. D. F. 12-1939 F 12151 ✓ F 12151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124 B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 724 N. Bruce St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. 3 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alexander Stepney

(a) Residence: No. 724 N. Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hester Stepney

6. DATE OF BIRTH (month, day, year) July 5 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year) Fall 1934

11. Total time (years) spent in this occupation 5 Yrs

12. BIRTHPLACE (city or town) (State or country) Parkville Md

FATHER

13. NAME George Stepney

14. BIRTHPLACE (city or town) (State or country) Catonsville Md

MOTHER

15. MAIDEN NAME Hagor Dent.

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

17. INFORMANT (Address) Alexander Stepney 724 Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date May 1935

19. UNDERTAKER (Address) George R. A. Wilson 1735 Pennsylvania Ave

20. FILED ... 19 ... Register.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1935 to April 28, 1935

I last saw h[illegible] alive on April 28, 1935 Death is said to have occurred on the date stated above, at 2.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Cirrhosis & Hypertrophied Nephritis Chronica.	Fall 1933

Other contributory causes of importance:

age —

Name of operation None Physical Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. A. Wright M. D.

(Address) 1209 Presstman St

M. D. B. 1268-9

F 12152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Bethel St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Fischer

(a) Residence: No. 1820 N. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of Christian F. Fischer

6. DATE OF BIRTH (month, day, year) July 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Conrad Zink

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dorothea Snow

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Harry Fischer
(Address) 1820 N. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place Dulaney Valley Date May 1, 1935

19. UNDERTAKER Wartzon & Gorsuch
(Address) 102 Forrest St

20. FILED ... 19... [illegible]

APR 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/25/35, 19... to 4/28, 1935

I last saw her alive on 4/25/35, 19... Death is said to have occurred on the date stated above, at 8.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis with uremia	3/21/35

Other contributory causes of importance:

Myocardial failure	3/25/35

Name of operation None Date of ...

What test confirmed diagnosis? None Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Isaac Mullin, M. D.

(Address) 1225 S. Charles St.

F. D. B. 1968-9

F 12153

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12153

CERTIFICATE OF DEATH

2 10-G

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals
CITY OF BALTIMORE: (No. Lombard & Conkling St., 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amos C Deaver Jr

(a) Residence: No. 101 s Dean St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa Deaver

DATE OF BIRTH (month, day, year) April 17 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		9 11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... helper at Sacred Hearts
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Church
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Amos Deaver

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Theresa Deaver (wife)
(Address) 101 S Dean St

BURIAL, CREMATION, OR REMOVAL Sacred Hearts Date May 2 19 35
Place

UNDERTAKER Tilley Zeller Inc
(Address) 2435 W North Ave

FILED 19 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 19 35

22. I HEREBY CERTIFY, That I attended deceased from injury 19 to 19
I last saw h alive on 19 . Death is said to have occurred on the date stated above, at 1.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance: Automobile Accident	

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 4/27 19 35.
Where did injury occur? Lombard & Conkling Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Two autos collided & one fell on him as he was walking across street
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ✓
no If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2260 E Monument St

301

M. D. P. 1268-9

F 12154

12151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Norman.

(a) Residence: No. 2248 Washington Blvd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/25/89.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46.		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Anthony Norman.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha G. Poole.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Self.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cem Date 4/30 1935

19. UNDERTAKER Edward Fouleworth
(Address) 2229 Park Blvd

[illegible] 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/9 1935 to 4/28 1935

I last saw h[illegible] alive on 4/28 1935 Death is said to have occurred on the date stated above, at 1/58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	9 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. F 1268-9

V F 12155

12155

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Josephs Hospital St., Ward)

Length of residence in city or town where death occurred 2 yrs. mos. 1 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James E Mirco

(a) Residence: No. Gunpowder Falls + Belair Rd St., Balto Co. Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	?

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
45	?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Probably Jugo Slavia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Knoxville Md Date April 30 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull.	4/3/35
Automobile Accident	4/3/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an antopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 4/3 1935

Where did injury occur Belair Rd + Big Gunpowder Falls (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place Street accident County

Manner of injury Struck by auto while

Nature of injury nothing in regard

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph F Storm Coroner M. D.

(Address) 2209 E Monument St

M. D. B 1268-9

F 12156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12156

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospitals St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Erik Lindroos

(a) Residence: No. Anchorage Hotel, Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman .0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. Illinois
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Abo, Finland

13. NAME

14. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date April 30, 1935

UNDERTAKER
(Address)

Filed ... 19... Registrar

C 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw ... alive on ... 19... Death is said to have occurred on the date stated above at 3:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Base of Skull	4/14/35
Other contributory causes of importance: Automobile Accident	4/14/35

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/14/1935
Where did injury occur? In front of 308 S. Broadway (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street Accident
Manner of injury Struck by an automobile
Nature of injury while walking across street

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny Coroner M. D.
(Address) 2200 E Madison St

1324

M. D. F 1268-9

F 12157

F 12157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lot at Sexton's Georgetown Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Last	35			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT .....
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date Apr 30 . 1935

UNDERTAKER .....
(Address)

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h.... alive on Inquiry 19.... Death is said to have occurred on the date stated above, at .... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	Apr. 6 1935

Other contributory causes of importance:

History of drinking day before

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or In public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Jeff L. Valentine M.D. Coroner

(Address) 16 South Broadway

M. D. B. 1268-9

F 12158

12158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164 a

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E Pratt St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Toney Varasis

(a) Residence: No. 920 E Pratt St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Arrivals P/M Date April 30, 1935

UNDERTAKER

(Address)

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxiation by illuminating Gas	
Suicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or homicide? Yes Date of injury 4/13, 1935

Where did injury occur? 920 E Pratt St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Inhaled Gas

Nature of injury Asphyxiation

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) O. O. Herzog M.D. Coroner M. D.

(Address) 1202 N Calvert St

M. D. B. 1268-9

F 12159

12159 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Northern Parkway St., 27 Ward)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lena Dittmar

(a) Residence: No. 3808 Northern Parkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Dittmar

6. DATE OF BIRTH (month, day, year) Nov. 25, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Bavaria
(State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Unknown

17. INFORMANT Mr. Henry Dittmar
(Address) 3808 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 1 1935

19. UNDERTAKER Frederick Lauenstein
(Address) 7401 Belair Road

20. Filed ... 19... ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from March 13 1935 to April 29 1935

I last saw h[illegible] alive on April 28 1935. Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular Nephritis	3/13/35

Other contributory causes of importance:

Pneumonia, Influenza	4/16/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Frank C Kreuer M. D.

(Address) 125 S Broadway

H. D. B. 1268-9

12160 F 12160

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Foot of Cross St Bethlehem Ship Building Co. (St.) 24 (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph O. Mailhot.

(a) Residence: No. 1336 Middlesex St. Lowell Mass. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) February 28, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33	1	30 29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/S W. W. Bruce.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lowell Mass.

13. NAME Michael Mailhot.

14. BIRTHPLACE (city or town) (State or country) Canada.

15. MAIDEN NAME Cordelia Lafreniere.

16. BIRTHPLACE (city or town) (State or country) Canada.

INFORMANT Cordelia Mailhot. (mother)

(Address) 1336 Middlesex St. Lowell Mass.

BURIAL, CREMATION, OR REMOVAL
(Name) Mt Olivet Crm. Date April 30 35

UNDERTAKER Bernard C. Harlow
(Address) 1000 S. Paca St.

APR 30 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Accidental fall from a wharf.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/27/35 19.....

Where did injury occur? Bethlehem Ship Bldg. Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Fall from a wharf.

Nature of injury Drowning. Boat collision

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Fernandt M. D.
Coroner

4/30/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 12161

12161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 103 S Durham St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A Heatterick

(a) Residence: No. 103 S Durham St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William L.

6. DATE OF BIRTH (month, day, year) June 6 1898

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Alois Bibel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Hildegard Fehse

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William J Heatterick

(Address) 103 S Durham

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 2 1935

19. UNDERTAKER Martin V. C. Dippel

(Address) 37 S Ann St

20. Filed ..... 19..... Registrar.

01935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to April 29 1935

I last saw h alive on April 25 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Grippe — Date of onset April 1935

Other contributory causes of importance:

None

Name of operation — Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. C. Pitcher M. D.

(Address) 51 W Franklin St

M. D. P. F 68-9 F 12162 ✓ F 12162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Jun'c Hosp St., 12th Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cyrus McClain

(a) Residence: No. 712 Beaumont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 20 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John McClain

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Cassandra St Clair

16. BIRTHPLACE (city or town) (State or country) Phila, Pa

17. INFORMANT Mrs Sarah Lawson
(Address) 712 Beaumont av

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date 4/1/35 19

19. UNDERTAKER Geo. J. Ruth Son
(Address) 1923 Hoffman St

Filed ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/29/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 4/16/35. 19.. to 4/29/35. 19..

I last saw h 11 alive on 4/29 19. Death is said to have occurred on the date stated above, at 4.49 P. M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio-Vascular Disease E. auricular fibrillation Chronic alcoholism — Date of onset ?

Other contributory causes of importance:

Broncho-Pneumonia — 4/27

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Earle M. Wilder M. D.

(Address) West Balto Jun'c Hosp

0 1935

M. D. B. 1268-9

F 12163 ✓ F 12163

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1823 N. Caroline Street St., 8 Ward)

Length of residence in city or town where death occurred 45 Years yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Kerchner ✗

(a) Residence: No. 1823 N. Caroline Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: John J. Kerchner

6. DATE OF BIRTH (month, day, year): Jan. 6, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hours or minutes
	56	3	23	######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

13. NAME: John Fischer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margareth Vaeth

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: John J. Kerchner (Husband)
(Address): 1823 N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross A.A.C. Date: May 2, 1935

19. UNDERTAKER: Geo. J. Ruth Son
(Address): 1735 Aisquith St.

MAY 6 1935, 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/26/ 1935 to 4/29/ 1935

I last saw h er alive on 4/28/ 1935 Death is said to have occurred on the date stated above, at 9.30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	1921
Other contributory causes of importance:	
Hypostatic pneumonia	4/26/35

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred Baer M. D.

(Address) 15, 7 E. North Ave

M. D. B 1937 F 12164 ✓ F 12164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Myers

(a) Residence: No. 1635 E. North Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Aug. 29, 1870.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	29	#######

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Oliver P. Myers

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Eliza E. Armiger

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Miss Mabel Myers
(Address) 1635 E. North Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date April 30, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 9.53 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia (Convulsions)	

Other contributory causes of importance:
Chr Alcoholism & Probablr Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

F 12165

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12165

CERTIFICATE OF DEATH

82-A

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? 30 yrs. mos. ds.

2. FULL NAME Louis De Rosa

(a) Residence: No. 1043-Hillen Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theresa (Guadagni)

DATE OF BIRTH (month, day, year) Dec. 7th, 1880

AGE Years	Months	Days	If LESS than 1 day, hours or min.
54	4	22	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0515

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Joseph De Rosa

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Natello

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Theresa De Rosa

(Address) 1043-Hillen Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/2/35, 19

19. UNDERTAKER Geny J. Wirth Sons

(Address) 1735-Harford Ave.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 1409 hrs.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Nil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) L. P. Herzog M.D. Coroner, M. D.

(Address) 1305 Patterson Park

F 12166

F 12166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 Hollen Road St., 27 Ward)

Length of residence in city or town where death occurred 78 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin Hebden

(a) Residence: No. 613 Hollen Road St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wilhelmina Eaton

7. DATE OF BIRTH (month, day, year) Oct. 2, 1856

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired Oct'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Wm. H. Hebden

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Sarah Hopkins

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT E. K. Hebden
(Address) 613 Hollen Road

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 1, 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar

APR 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to April 29, 1935

I last saw h... alive on April 28, 1935. Death is said to have occurred on the date stated above, at 10:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia R Side	4-25-35
Other contributory causes of importance:	
Myocarditis	5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify.

(Signed) Joe Beer, M. D.

(Address) 5600 York Road

M. D. B 1268-4

12167 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12167

CERTIFICATE OF DEATH

x 94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alexander F. Gaul

(a) Residence: No. 4740 Pine Street Philadelphia, Pa. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of Elizabeth F. Gaul

6. DATE OF BIRTH (month, day, year) November 18th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	5	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) New Jersey (State or country)

13. NAME Andrew Gaul

14. BIRTHPLACE (city or town) United States (State or country)

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) New Jersey (State or country)

17. INFORMANT Mrs Elizabeth F. Gaul

(Address) 4740 Pine St. Philadelphia, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Hackensack, N.J. Date April 30 1935

19. UNDERTAKER [illegible] Fickenger Sons

(Address) North Seventh Ave

1935 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] Coroner. M. D.

(Address) 239 Eastern Ave.

M. D. B. 1268-9

F 12168

12168 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-E-93c

1. PLACE OF DEATH Good Shepherd General Hospital Registered No.

CITY OF BALTIMORE: (No. 1510-14 N. Gilmor St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Briscoe

(a) Residence: No. 1414 Penna ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Single

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/17/1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	1	14	3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) St. Marys Co.
(State or country) Maryland

13. NAME Charles Briscoe

14. BIRTHPLACE (city or town) St. Marys Co
(State or country) Maryland

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) St. Mary's Co
(State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Ft. Mc Date April 30, 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1935 to 4/30, 1935

I last saw him alive on 4/29, 1935 Death is said to have occurred on the date stated above, at 1200 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Possibly Intracranial Tissue Mycosis Lues?	14 Mo

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louise C. Johnson, M. D.

(Address) 1802 Penna Ave

H. D. B. 1268-9

✓ F 12169

12169 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

× 46-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH University Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Clara S. Townsifer

(a) Residence: No. Keyman ave Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Alfred Townsifer

7. DATE OF BIRTH (month, day, year) [illegible]

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Reposite Rd Date May 2 . 1935

19. UNDERTAKER Edward Lee Cashmann Inc

(Address)

01935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 . 1935 to April 30 . 1935

I last saw h.C.Y alive on April 30 . 1935 Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Carcinoma of Gall bladder	
Other contributory causes of importance: Bronchopneumonia, (terminal)	4/22/35

Name of operation Exploratory Laparotomy Date of 4/27/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen I Magruder . M. D.

(Address) University Hospital

Spec.—12-8-25—A Co.—200 Bks.

F 12170

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12170

CERTIFICATE OF DEATH.

REGISTERED NO. 57

1-PLACE OF DEATH 17 N. Collington Ave. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

City of BALTIMORE: (No. ____ St., 6th Ward)

2-FULL NAME John Cornelius Wilkinson

(a) RESIDENCE NO. 17 N. Collington Ave. St. 6th Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. 7 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: White

5 Single, Married, Widowed, or Divorced, (write the word): Single

3a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) September 22 1897

7 AGE: Years 37 | Months 7 | Days 5 | IF LESS than 1 day ....hrs. or ....min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Paymaster

(b) General nature of industry, business, or establishment in which employed (or employer) Baltimore

(c) Name of employer Dry Dock Co.

9 BIRTHPLACE (city or town) Balto

(State or country)

PARENTS

10 NAME OF FATHER John Charles Wilkinson

11 BIRTHPLACE OF FATHER (city or town) Balto

(State or country) Maryland

12 MAIDEN NAME OF MOTHER Dora E. [illegible]

13 BIRTHPLACE OF MOTHER (city or town) Balto

(State or country)

14 Informant Dora E. Wilkinson mother

(Address) 17 N. Collington Ave

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27 1935

17 I HEREBY CERTIFY, That I attended deceased from March 20 1935 to April 27, 1935

that I last saw him alive on April 27, 1935

and that death occurred, on the date stated above, at 4.45 P M

The CAUSE OF DEATH* was as follows:

Chronic Multiple Arthritis

196
938.2
Wilc

(duration) 16 yrs. 7 mos. d

CONTRIBUTORY (Secondary) Bronchial Pneumonia

Duration) yrs. mos. 38 d

18 Where was disease contracted

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis! Presumptive

(Signed) A A Bendick M.

April 28, 1935 (Address) 2321 E. Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Date of Burial May 1, 19

20 UNDERTAKER John A. Moran ADDRESS 3000 E. B

30 1935 19 [illegible]

M. D. B. 1268-9

F 12171

F 12171 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1812 N. Castle St. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Wrightson

(a) Residence: No. 1812 N. Castle St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William W. Wrightson

6. DATE OF BIRTH (month, day, year) Aug. 31-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Ahles

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Albert Wrightson

(Address) 428 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date 5-1 19 35

19. UNDERTAKER C. Miller & Son

(Address) 2334 Jefferson St.

Registered

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29 19 35

22. I HEREBY CERTIFY, That I attended deceased from April 27 to 4-29 19 35

I last saw h alive on 4-28 19 35 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Mitral Insufficiency 1 yr.
Chronic
Nephritis

Other contributory causes of importance:

Auto Paralysis

Name of operation Autopsy Date of 28

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address)

H. D. P. 1268-9

12172

F 12172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N Washington St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 6 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Trager

(a) Residence: No. 527 N. Washington St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Feb 21 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own house

10. Date deceased last worked at this occupation (month and year) 4/35 | 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER John Trager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Apolonia Conrin

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mary E. Nicholson

(Address) 527 E Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cemetery Date May - 1 1935

19. UNDERTAKER O'Shea & Sons Inc

(Address) 409 E. Broadway.

FILED MAY 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24 1935 to April 28 1935

I last saw ... alive on April 27 1935. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

acute Bronchitis and Pulmonary Emphysema — Date of onset April 25, 35

Other contributory causes of importance: Senility

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 1935

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) Geo. L. Wilkins M. D.

(Address) 224 E. 39th St. Balto

M. D. B. 1268-5

F 12173

F 12173 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Warrington

(a) Residence: No. 306 Mosher St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Warrington

6. DATE OF BIRTH (month, day, year) Sept. 3rd 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Joseph Russell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Charlotte White

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Charles Warrington

(Address) 306 Mosher street

18. BURIAL, CREMATION, OR REMOVAL

Place Catonsville Md. Date May 4 1935

19. UNDERTAKER Chas. Geo. W. Holland

MAY 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to April 29 1935

I last saw her alive on April 29 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic inflammatory Disease	?
	June
Other contributory causes of importance:	
Paralytic Ileus	4-25-35
Acute dilatation of stomach	4-25-35

Name of operation Panhysterectomy Date of 4-23-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Daniel P. Robinson M. D.

(Address) Mercy Hosp.

M. D. H. 1206-a

F 12174

F 12174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2604 Woodbrook av St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew A Stonesifer

(a) Residence: No. 2604 Woodbrook av St., Ward.

(Usual place of abode) 40 yrs (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Barbara Stonesifer

6. DATE OF BIRTH (month, day, year) April 22, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) Mar 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Uniontown Carroll Co Md

FATHER

13. NAME ? Stonesifer

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

MOTHER

15. MAIDEN NAME Mary Cramerine

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Vernon F. Stonesifer

(Address) 6512 Parr av

18. BURIAL, CREMATION OR REMOVAL

Place Woodlawn Date May 2, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED 5-1-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1933 to April 30 1935

I last saw him alive on March 14 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease and Chronic Nephritis	
Uremia	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Fred C Jewett, M. D.

(Address) 1516 Bremen av

M. D. P. 1268-B

F 12175

29 12175

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 115-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 6yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Mc Causland

(a) Residence: No. 1836 N Collington ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	—

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 10-9-33

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	1	18 6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas E. Mc Causland

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Vada Gowe

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date May 2nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED MAY 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to April 30, 1935.

I last saw him alive on April 30, 1935 Death is said to have occurred on the date stated above, at 6 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic Sore Throat	1 wk.
Streptococcus Empyema	4 days.
Other contributory causes of importance:	
Streptococcus Conjunctivitis + keratitis	4 days
Terminal bronchopneumonia	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm E Lapham Jr. M. D.

(Address) Johns Hopkins Hospital

D. F. 1268-B

F 12176

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12176

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4500 Carlview Ave (St.) (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lydia L. Smith.

(a) Residence: No. 4500 Carlview Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Mar

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Jessie Smith

DATE OF BIRTH (month, day, year): Nov 21-1845

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	86	5	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

BIRTHPLACE (city or town) (State or country): Balto Md

12. NAME: Wm Wickes

Md.

14. BIRTHPLACE (city or town) (State or country): Lydia Lovegrove

15. MAIDEN NAME:

16. BIRTHPLACE (city or town) (State or country): Md

INFORMANT: Nathan L. Smith

(Address): 4500 Carlview

BURIAL, CREMATION, OR REMOVAL

Place: Mount Ender Md Date: May 1st 1935

UNDERTAKER: John Cook

(Address): 1217 St Paul St

FILED: MAY 1 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance are as follows:

	Duration between onset and death
Chronic Myocarditis	2 years

Other contributory causes of importance:

Name of operation: Regular Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

Coroner

(Address)

M. B. F 12177

F 12177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 106-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1607 N. Broadway Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Deckard

(a) Residence: No. 1607 N. Broadway Ward.

(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If ~~married~~ widowed ~~or divorced~~ (or) WIFE of James C. Deckard

6. DATE OF BIRTH (month, day, year) Sept 14th 1855

7. AGE: Years 79 | Months 7 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: James C. H. Seabold

14. BIRTHPLACE (city or town) (State or country): New Berlin Pa

15. MAIDEN NAME: Mary Stine

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Harry S. Deckard

(Address) 1405 Girard st Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 2nd 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

FILED MAY 1 1935, 19—

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12 1935 to April 30 1935

I last saw h[illegible] alive on April 29 1935. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis - Pleurisy - Myocardial Insufficiency	19 days. 24 hr.
Other contributory causes of importance: Cardiac Dilatation	24 days to 30

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Albert Rosenberg, M. D.

(Address) 2025 E. North Ave

D. B. 1263-9

F 12178

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12178

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 N Biddle St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Madden

(a) Residence: No. 209 N Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	42			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Reisterstown Md

13. NAME Nicklas Madden

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

15. MAIDEN NAME Eliza Wallace

16. BIRTHPLACE (city or town) (State or country): Balto Co Md

INFORMANT: George Bryan

(Address) 209 N Biddle

BURIAL, CREMATION, OR REMOVAL

Place Reisterstown Md. Date 5/11, 1935

UNDERTAKER Frances A Hemsley

(Address) 578 W Biddle St.

FILED 1935, 19..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	
Dropsy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk, M. D.

Coroner

(Address)

F 12179

H. D. B. 1268-9

F 12179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Wm Baltz Jun Hosp St., 19 Ward)

Length of residence in city or town where death occurred 1/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard D. Bradfield Jr

(a) Residence: No. 323 N. Fulton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) Dec 5, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Leonard D Bradfield

14. BIRTHPLACE (city or town) (State or country) Georgia

15. MAIDEN NAME Dorothy Sullivan

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dorothy Bradfield
(Address) 323 N Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Date May 1935

19. UNDERTAKER Wm Tillman Jr
(Address) Penna Ave

20. FILED 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to April 29, 1935

I last saw him alive on 11:35 A.M. 19 . Death is said to have occurred on the date stated above, at 11:35 A.M. April 29 - 1935

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 - Post Operative shock.	?
2 - Meckle's Diverticulum. Gangrenous Ileum.	
3 - Ruptured Ileum	
4 - Intestinal obstruction	

Other contributory causes of importance:

Name of operation Intestinal Resection Side to Side Anastomosis Date of 4-29-35

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Milton Levin, M. D.

(Address) W. B. & N

F 12180

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12180

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1131 N. Monroe St., 16 Ward)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Christopher Dorsey Jr.

(a) Residence: No. 1131 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary M. Dorsey

DATE OF BIRTH (month, day, year) Jan. 6, 1866

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	3	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. DSC

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Balto.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Dennis Dorsey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary M. Carr.

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Mary M. Dorsey

(Address) 1131 N. Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 2, 1935

19. UNDERTAKER Wm. Rickert Sons

(Address) North & Eutaw

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9th 1935 to April 29th 1935

I last saw h.. alive on April 26th 1935. Death is said to have occurred on the date stated above, at 7:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Other contributory causes of importance: Myocarditis	Jan 1935

Name of operation None Date of

Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. [illegible] M. D.

(Address) 401 E. Eutaw St.

Cor.—10-1043 A-So-100 Bks.

F 12181

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12181

167

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH In Rear of

City of Baltimore: (No. 4800 Crowson ave St., 27 Ward)

2-FULL NAME Richard H Pleasants

(a) RESIDENCE NO. 4603 - Fullbrook Road Guilford Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 5 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
Male	White	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Fooling

6 DATE OF BIRTH (month, day, and year) Nov. 15 1864

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min.
	70	5	14	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Lawyer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired
(c) Name of employer

9 BIRTHPLACE (city or town) Balto
(State or country) Md

PARENTS

10 NAME OF FATHER Richard H Pleasants

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md.

12 MAIDEN NAME OF MOTHER Elizabeth Poultney

13 BIRTHPLACE OF MOTHER (city or town) Balto
(State or country) Md

14 Informant R. S. Hall Pleasants
(Address) 201 Longwood St

15 Filed MAY 1 1935 19 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 4-30 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above.

The CAUSE OF DEATH* was as follows:

Gun Shot
Wound Through
Head
(Suicide)

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John Thomas Scott, M. D.

4/30 1935 (Address) 1524 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Green Mount

DATE OF BURIAL May 1 1935

20 UNDERTAKER Henry H. Tenkins Sons Co

ADDRESS Mulberry & Eutaw Sts

D. B 1268-9

F 12182

F 12182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

208-M

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) W. Balto Hosp St. 28 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Payne

(a) Residence: No. 4311 Katherine Rd Ward.
(Usual place of abode) KATHLAND (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emma E Payne

DATE OF BIRTH (month, day, year): Feb 5-1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	2	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Leather Goods

10. Date deceased last worked at this occupation (month and year): Boston

11. Total time (years) spent in this occupation: Mass

BIRTHPLACE (city or town) (State or country): Boston Mass

12. NAME: Chas Payne

13. BIRTHPLACE (city or town) (State or country): Boston Mass

14. MAIDEN NAME: Elizabeth Haley

15. BIRTHPLACE (city or town) (State or country): Boston Mass

16. INFORMANT: Emma E Payne

(Address): 4311 Katherine Rd

BURIAL, CREMATION, OR REMOVAL: Woodlawn City Date: May 23

UNDERTAKER: P S Marshall

(Address): 1239 Eutaw Road

FILED: ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... (Deceased) last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Accident — Fractured Skull — Date of onset

Other contributory causes of importance: Struck by street car

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 21, 1935

Where did injury occur? Liberty Heights & Garrison
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury Struck by street car

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) J B Funk M. D.
Coroner

(Address) Coroner

M. D. F. 1268-9

F 12183

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12183

CERTIFICATE OF DEATH

93-8

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Roberto.

(a) Residence: No. 814 S. Decker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: George.

6. DATE OF BIRTH (month, day, year): Oct 3, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64.	6	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: Calvin Nant.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Catherine Bann

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Self.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 3, 1935

19. UNDERTAKER: Wendell J. Gelbert

(Address) 1405 Gay St.

20. FILED 1935, 19 ....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935 to 4/30, 1935

I last saw her alive on 4/30, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 wks.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Ralph A. Reiter M. D.

(Address) Balto City Hosp.

D. P. 1268-9

F 12184

12184 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME John A Meyers

(a) Residence: No. 704 Dekelins Ave St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Meyers

DATE OF BIRTH (month, day, year) Apr 16 1900

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	35	36	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John A Meyers

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cath Conrad

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mary Meyers

(Address) 704 Dekelins St

BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 3 1935

UNDERTAKER Wendell J Diffel

(Address) 1705 Baugh St

FILED 1935 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) H. H. Hemoyno M. D. Coroner

(Address) 1305 n Patterson Park

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

2185 12185

CERTIFICATE OF DEATH

51-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1033 W Cross St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. 8 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James C Kaufman

(a) Residence: No. 1033 W Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Aug 12 - 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Kaufman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Matilda M Armgaert
(Address) 1033 W Cross St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 2nd 1935

19. UNDERTAKER Towell & Byrd
(Address) 1924 Edmondson Ave

MAY 1 - 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1934 to April 29. 1935

I last saw h alive on April 29, 1935. Death is said to have occurred on the date stated above, at 2.30 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	April 27th
Carcinoma of the Prostate	

Other contributory causes of importance:

Supra pubic Cystotomy

Name of operation Date of 11-1-34

What test confirmed diagnosis? Microscopic findings

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James Kay M. D.

(Address) 1112 Washington Blvd

1-30—M. & T.—100 B—50L

F 12186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12186

CERTIFICATE OF DEATH

93-a

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital ST., 16 WARD)

2-FULL NAME Bryson E Bush

(a) RESIDENCE NO. 3033 Arunah Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. 3 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6 DATE OF BIRTH (month, day, and year) Jan 2nd 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	27	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md

PARENTS

10 NAME OF FATHER George W Bush

11 BIRTHPLACE OF FATHER (city or town) Baltimore
(State or country) Md

12 MAIDEN NAME OF MOTHER Rosa M Worthington

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md

14 Informant Frank A Bush

(Address) 3033 Arunah Ave

15 Filed APR 1 1935 [illegible] Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 27th 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Acute Myocardial Failure

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) P. F. Herzog M.D. Coroner, M. D.

, 19 (Address) 1303 N Patterson Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loudon Park Cemetery

DATE OF BURIAL May 1935

20 UNDERTAKER Towell & Byers

ADDRESS 2824 Edmondson Ave.

D. B 1269-9

12187 HEALTH DEPARTMENT—CITY OF BALTIMORE 12187

CERTIFICATE OF DEATH

209-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 20 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Dalfonzo

(a) Residence: No. 1933 N Lexington St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Vera Dalfonzo

DATE OF BIRTH (month, day, year) Mar 16 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	68	1	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Dalfonzo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Vincent Dalfonzo

(Address) Elwood City Pa

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 5-2 1935

UNDERTAKER F. C. Humbert & Son

(Address) Elwood City Pa

FILED ... 19... Registrar.

MAY 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Accidental	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Yes Date of injury 4-28 1935

Where did injury occur? Eastern Ave & Bond St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by Trolley Car

Nature of injury Fract Skull

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) C. V. Herzog M.D. M. D.

(Address) 805 N Patterson Park Corner

M. D. B. 1268-9

F 12188

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12188

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 331 S. Bentalou St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Long

(a) Residence: No. 331 S. Bentalou St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE Margaret A. Long

7. DATE OF BIRTH (month, day, year) May 11-1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	11	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. City Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Peter Long

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Dittmann

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret A. Long

(Address) 331 S. Bentalou St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemetery 4-29-35

19. UNDERTAKER J. F. Pritchett & Son

(Address) 653 W. Lexington St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935, to April 29, 1935

I last saw him alive on April 29, 1935. Death is said to have occurred on the date stated above, at 4:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	?
Arteriosclerosis	?

Other contributory causes of importance:

Chronic Cholecystitis	1932

Name of operation none. Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Albert Jaquith M. D.

(Address) 1124 W. Lombard St

D. B 1268-9

F 12189

HEALTH DEPARTMENT—CITY OF BALTIMORE

12189

CERTIFICATE OF DEATH

210-M

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna E Ault

(a) Residence: No. 3804 Pinewood Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ✓

DATE OF BIRTH (month, day, year) July 4 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	22	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto, Md

12. NAME Herbert W Ault

14. BIRTHPLACE (city or town) (State or country) Balto, Md

15. MAIDEN NAME Estelle Rughter

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Herbert Ault
(Address) 3804 Pinewood Ave

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 1-35 19..

UNDERTAKER J. B. Hyde and Son
(Address) 1300 E Lanvale St

FILED ..... 19..... Registrar.

- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	4/29/35
Other contributory causes of importance:	
automobile Accident	4/29/35

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/29. 1935

Where did injury occur? Phila Rd & Gresson St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto she was driving

Nature of injury collided with a passenger Bus

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) Joseph Pokorny Coroner M. D.

(Address) 2200 E Madison St

D. B. 1268-9

F 12190

HEALTH DEPARTMENT—CITY OF BALTIMORE

12190

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 704 N. Linwood Ave St., 7 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Baker

(a) Residence: No. 704 N. Linwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda J. Baker

DATE OF BIRTH (month, day, year) Apr 2 1855

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	80	0	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. N. E. Gas Supply Co

10. Date deceased last worked at this occupation (month and year) Retired

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

13. NAME George Baker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna — —

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. James M. Wirth

(Address) 704 N. Linwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Abingdon M E Cem Date May 2, 1935

UNDERTAKER Philip Herwig Sons

(Address) 2216 Eutaw St

Filed ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from February, 1934, to April 29, 1935.

I last saw h alive on April 29, 1935 Death is said to have occurred on the date stated above, at 1:15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	10 yrs. ago
Other contributory causes of importance: Bronchial Pneumonia	Apr 26/35

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Francis J. Lyde, M. D.

(Address) 2006 E. Monument St

M. D. B. 1268-9

F 12191

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12191

CERTIFICATE OF DEATH

1. PLACE OF DEATH United States Marine Hospital, Baltimore, Maryland.
CITY OF BALTIMORE: (No.) St., 12 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry J. Scott

(a) Residence: No. no permanent address St., Ward. Maryland
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 26, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman
10. Date deceased last worked at this occupation (month, day, year) March 4, 1935
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) San Francisco, California.

13. NAME Harry Scott

14. BIRTHPLACE (city or town) (State or country) Not known Scotland

15. MAIDEN NAME Sarah Simpson

16. BIRTHPLACE (city or town) (State or country) Honolulu, Territory of Hawaii.

17. INFORMANT U. S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's, Pamplin May 1, 1935

19. UNDERTAKER Leroy Stafford Inc.
(Address) 256 N. Martin Bvld.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935, to April 29, 1935
I last saw him alive on April 29, 1935 Death is said to have occurred on the date stated above, at 2:15a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, active, pulmonary, far advanced.

Duration: unknown

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Wm. H. Gordon, M. D.
(Address) U. S. Marine Hospital, Balto. Md.

M. D. B. 1268-9

F 12192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12192

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 530 N. Bruce St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Viola Brown

(a) Residence: No. 530 N. Bruce St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem'l

4. Color or Race Col'd

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1876

7. AGE — Years: 59 — Months: — Days: — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007 ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

MOTHER

13. NAME Wm. Dillon

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

FATHER

15. MAIDEN NAME Viola Dillon

16. BIRTHPLACE (city or town) (State or country) Cambridge

17. INFORMANT Alberta Neal

(Address) 530 N. Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date May 1st, 1935

19. UNDERTAKER Archibald A. Gudelsky

(Address) 2141 W. Baltimore St.

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8th, 1935 to April 27, 1935

I last saw h. alive on April 27, 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
	21 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. B. Levi M. D.

(Address) 1118 Eutaw Place

F 12193

H. D. B. 1269-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12193

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 205 Aisquith St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Morris

(a) Residence: No. 205 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT William C Stewart
(Address) 1226 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Ct Date 5/1/35 19

19. UNDERTAKER Isaiah L Brown Son
(Address) 101 W Monument St

FILED 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18-, 1935, to 4-28-, 1935.

I last saw h.. alive on 4-26-, 1935. Death is said to have occurred on the date stated above, at 6.45 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular

Date of onset
—

Other contributory causes of importance:

Interstitial Nephritis

Date of onset
about

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Wm H. Cargile, M. D.

(Address) 611 N. Caroline

H. D. B. 1268-9

Gonealves.

F 12194

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12194

CERTIFICATE OF DEATH

✓ 56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 726 Fremont St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maria Gonealves

(a) Residence: No. 726 Fremont St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced
HUSBAND of Jesse Gonealves
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Jesse Gonealves
(Address) 726 Fremont St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 5-1- 1935

19. UNDERTAKER Bryant Name & Wright
(Address) 128 McElderry St

20. FILED ... 19 ... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to 4-28 1935

I last saw h... alive on 4-28 1935 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocard. Ins	4-27-35
Other contributory causes of importance: Rheumat. Fever	1-35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

25. (Signed) ... M. D.
(Address)

F 12195

H. D. B. 1268-B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12195

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 821 N. Streeper St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank J. Ernst

(a) Residence: No. 821 N Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Ernst

DATE OF BIRTH (month, day, year) Mar 2 1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Henry Ernst

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Heis

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Elizabeth Ernst

(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Highlawn Date ... 19...

19. UNDERTAKER Guy McDonald Sons

(Address) 811 N Eutaw St

Filed ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/15/34 19... to 4/28/35 19...

I last saw him alive on 4/28/35 19... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Heart Disease	

Other contributory causes of importance:

Heart Failure	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Alex S Gogl M. D.

(Address) 701 N Bidwell

D. B. 1268-9

F 12196

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12196

CERTIFICATE OF DEATH

53-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Redwood St., 16 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Houck

(a) Residence: No. 1126 N. Monroe St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katie Houck.

DATE OF BIRTH (month, day, year) Sept 8, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	39	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm. Houck.

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mollie Daly

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Katie Houck.

(Address) 1126 N. Monroe St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 2, 1935

19. UNDERTAKER Thompson Funeral Co.

(Address) 3615 Eastern Ave.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1935 to 4-29, 1935

I last saw him alive on 2-29, 1935 Death is said to have occurred on the date stated above, at 7:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Supra-Cellar Brain tumor	1933?
Malnutrition	2-27-35
	Ohr

Other contributory causes of importance:

Name of operation Bone Flap. Date of 3-4-35

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. L. Fearing, M. D.

(Address) University Hospital

F 12197

H. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12197

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5306 Maple Ave St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary V. Dunning

(a) Residence: No. 5306 Maple Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of William F. Dunning

DATE OF BIRTH (month, day, year) Aug 19, 1883?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown.

15. MAIDEN NAME Martha West.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT William F. Dunning.
(Address) 5306 Maple Ave

18. BURIAL, CREMATION, OR REMOVAL md.
Oliver, Randallstown Date may 2, 1935

19. UNDERTAKER Chenoweth & Son
(Address) 3615 17 Chelsea Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1934 to April 28 1935

I last saw her alive on April 28 1935 Death is said to have occurred on the date stated above, at 2.50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Mamma Extension to Axillary + Cervical Glands Metastasis to abdominal Viscera	2 yrs

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Mehrhof M. D.

(Address) 20 W Biddle St Balto.

D. F. 1268-9

F 12198 ✓ F 12198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

468

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 702 Glenwood Ave St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura E Slemmer

(a) Residence: No. 702 Glenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis W. Slemmer

7. DATE OF BIRTH (month, day, year) Aug 8, 1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 70	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Thomas B Duvall.

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME Laura Sherwood

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Louis W. Slemmer.

(Address) 702 Glenwood Ave.

BURIAL, CREMATION, OR REMOVAL

Mount Auburn Mausoleum Date May 3, 1935

UNDERTAKER Chenoweth & Son

(Address) 3615 11 Chestnut Ave Hill

FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935, to May 1, 1935

I last saw h alive on April 28, 1935. Death is said to have occurred on the date stated above, at 5-10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver, neck and rectum	about a year

Other contributory causes of importance: none

Name of operation none Date of none

What test confirmed diagnosis? S-s Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chester Riland, M. D.

(Address) 2352 Edmondson Ave

F 12199

D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12199

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division 12 Ward)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary E. Blank

(a) Residence: No. 11 E. Ware St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Sept. 23, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Joseph Blank

14. BIRTHPLACE (city or town)
(State or country) North Carolina

15. MAIDEN NAME Lee Douglass

16. BIRTHPLACE (city or town)
(State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 5/4/35 19

19. UNDERTAKER Robt V Williams & Elderkin
(Address) 1515 Madison Ave

20. FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 26 1935

22. I HEREBY CERTIFY, That I attended deceased from October 2 1934 to April 26 1935

I last saw her alive on April 26 1935 Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Tuberculosis	Dec. 1933
2. Generalized Amyloidosis	Unknown

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Meyer W Jacobson M. D.

(Address) Baltimore City Hospital

D. B. 1268-9

F 12200

1220 HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2025 Booth St. 20-3 (Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Louis F. Cremer

(a) Residence: No. 2025 Booth St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Emma V. Cremer

DATE OF BIRTH (month, day, year) Nov. 15, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6014

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME George H. Cremer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Frederica Schutz

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Emma V. Cremer
(Address) 2025 Booth St.

BURIAL, CREMATION, OR REMOVAL
Place Western Date 5/2/35 19

UNDERTAKER Frederick A. Tyler
(Address) 1208 W. Lombard St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 1934 to April 29 1935

I last saw him alive on April 27 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Nephritis	1

Other contributory causes of importance:

Angina Pectoris Diabetes

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Jas L. Hooper M. D.

(Address) 3376 North Ave

D. B. 1268-9

F 12201

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12201

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3714 Springdale ave St., 5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

2. FULL NAME Elista Lann

(a) Residence: No. 3714 Springdale ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	W	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isreal

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80 "D"

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME of father Joseph Block

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME of mother Mary Wallace

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT (Address) Jack Lewis Lee

BURIAL, CREMATION, OR REMOVAL Place Wash Rd Date 5-1-35 19

UNDERTAKER (Address) Jack Lewis Lee 1439 E. Baltimore St.

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30-35

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 19 33 to April 30 19 35

I last saw h e alive on April 30 19 35 Death is said to have occurred on the date stated above, at 11.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocardial insufficiency	Sept 1933

Other contributory causes of importance:

Hypertension	1925

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon Leibstone M. D.

(Address) 1810 Eutaw Pl

Form—12-23-21—E.B.R.S.—400 Blks.

F 12202

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12202

108

CERTIFICATE OF DEATH.

Registered No.....

1-PLACE OF DEATH

City of BALTIMORE: (No. 415 London St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Francis Daniel Trenkamp

(a) Residence No. 415 London Ave St., Ward.....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 5 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male

4-COLOR OR RACE: white

5-Single, Married, Widowed, or Divorced. (Write the word.): Single

5a-If married, widowed, or divorced HUSBAND of (or) WIFE of

6-DATE OF BIRTH (month, day and year): Nov. 8, 1918

7-AGE: 16 yrs. 5 mos. 21 ds. If LESS than 1 day, ...hrs. or....min.

8-OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: school child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9-BIRTHPLACE (city or town) (State or Country): Balto. Md.

PARENTS

10-NAME OF FATHER: Francis Daniel Trenkamp

11-BIRTHPLACE OF FATHER (city or town) (State or Country): Balto. Md.

12-MAIDEN NAME OF MOTHER: Frances Oechsle

13-BIRTHPLACE OF MOTHER (city or town) (State or Country): Philadelphia Pa.

14-(Informant) Frances Oechsle Trenkamp

(Address) 415 London Ave

15-Filed. 1935 192 Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year): April 29/35

17- I HEREBY CERTIFY, That I attended deceased from April 26, 1935 to April 29 1935

That I last saw him alive on April 29th 1935

and that death occurred, on the date stated above, at 12 15 P. m.

The CAUSE OF DEATH* was as follows:

Edema of Lungs

(Duration) yrs. mos. ½ ds

CONTRIBUTORY (Secondary) Lobar Pneumonia

(Duration) yrs. mos. 3 ds

18-Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Usual signs

(Signed) Geo. E. Wells. M. D

4/29/, 1935 (Address) 4100 Edmondson Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL: Holy Redeemer Cemy. DATE OF BURIAL: 5/2/ 1935

20-UNDERTAKER: Harry Deufel ADDRESS: 4101 Edmondson Ave

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12203 — 12203

CERTIFICATE OF DEATH

210-M

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) West Baltimore General Hosp. St., Ward

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian F. Erlbeck

(a) Residence: No. 2567 Edmondson Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank ~~Wood~~ Erlbeck

6. DATE OF BIRTH (month, day, year) Nov. 23, 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

13. NAME Wm Lewis

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Peddicord

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. Anna M. Bowers

(Address) 2567 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place ...don Pk. Date 5/3 ..., 1935

19. UNDERTAKER Joseph F. Kitzmiller

(Address) 4101 Edmondson Ave

19 ... Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw her alive on ... 19 ... Death is said to have occurred on the date stated above, at 3 00 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerated Brain	4/21/35
Subdural Hemorrhage	4/21/35
Automobile Accident	4/21/35

Other contributory causes of importance:

Name of operation Decompression Date of 4/22/35

What test confirmed diagnosis? ~~operation~~ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 4/21, 1935

Where did injury occur? Edmondson & Whitmore Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across street

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph Pokorny Coroner, M. D.

(Address) 2200 E Madison St

D. P. 1268-9

F 12205 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12204

CERTIFICATE OF DEATH + 130

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth?... yrs. mos. ds.

2. FULL NAME Herman P. Rittermann

(a) Residence: No. 42 Carville Ave St., Hale Howard. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. B. Ruth Rittermann

DATE OF BIRTH (month, day, year) Sept. 8, 1902

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	7	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Banking

10. Date deceased last worked at this occupation (month and year) April - 1935

11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Henry Rittermann

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Marg. Flynn

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hugh Keenle

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Date 5/3 1935

UNDERTAKER

(Address)

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1935, to April 30, 1935

I last saw him alive on April 30, 1935. Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Glomerulo Nephritis.	April 26, 1935
Uremia	
Pulmonary Edema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

D. P. 1268-9

✓ F 12205

HEALTH DEPARTMENT—CITY OF BALTIMORE

12205

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St. 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Gardner

(a) Residence: No. 213 Bruce st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 5, 1915

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	19	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Gardner

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hester ??

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date May 1, 1935

UNDERTAKER Mrs Kate R Williams
(Address) 322 N Schroeder St

FILED 1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to April 28, 1935
I last saw him alive on April 28, 1935. Death is said to have occurred on the date stated above, at 10:45 A.M. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1935

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
No If so, specify .....
(Signed) Maya W. Jacobson M. D.
(Address) Baltimore City Hospital

ec.—1-12-23—MAT—500 Blks.

12206 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12206

CERTIFICATE OF DEATH.

59

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2129 Annapolis Rd ST., 25 WARD)

2-FULL NAME Henry Allick

(a) RESIDENCE NO. 2129 Annapolis Rd. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Allick

DATE OF BIRTH (month, day, and year) Aug 15 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	8	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer) General

(c) Name of employer —

BIRTHPLACE (City or town) (State or country) Md.

10 NAME OF FATHER Henry Allick

11 BIRTHPLACE OF FATHER (City or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (City or town) (State or country) Germany

Informant Eva Grosch

(Address) 4825 Lindenwood ave

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30 1935

17 I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to April 30, 1935, that I last saw ~~him~~ alive on April 30, 1935, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* ~~was~~ is as follows:

Diabetes

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Gangrene of left foot.

(duration) 10 yrs. 1 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical findings.

(Signed) Raymond J Glauber, M. D.

May 1, 1935 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Woodlawn Cem. DATE OF BURIAL 5/3 1935

20 UNDERTAKER Edward Foulson ADDRESS Wash Blvd

D. B. 1268-9

✓ F 12207

12207

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 618 S Eliston St., 7C Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alois Nuedling

(a) Residence: No. 618 S Eliston St., 7C Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leocadia Nuedling

DATE OF BIRTH (month, day, year) May 28-1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Storekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd's

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Nuedling

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs John Knorr

(Address) 618 S Eliston St

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 4 1935

UNDERTAKER Tully & Zeiler

(Address) 402 S Broadway

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:47 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
by fall on pavement	

Other contributory causes of importance:

Chronic Myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? Not Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. O. Henderson M. D.
Coroner

(Address) 1303 N Patterson Park Ave

D. P. 1208-9

12208

F 12208

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herbert Miller

(a) Residence: No. 600 block W Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 3/19/1877.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. >

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) England.

13. NAME Ludwig Miller

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Marie Amacker

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Patient

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Interment of Md Date May 1 . 1930

UNDERTAKER

(Address)

FILED [illegible] Registrar.

1935

1330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28 . 1930

22. I HEREBY CERTIFY, That I attended deceased from 4/27 . 1930 to 4/28 . 1930

I last saw him alive on 4/28 . 1930 Death is said to have occurred on the date stated above, at 10 12 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset 1 2 hrs Burst
Delirium tremens

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Potts M. D.

(Address) Balto City Hosp

H. D. F. 1268-9

2209 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12209

93-D

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ragland.

(a) Residence: No. 1035 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary.

7. DATE OF BIRTH (month, day, year) 2/15/1874.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Gilbert Ragland.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lucy Clarke.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BeH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date May 1 , 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/17 , 1935 to 4/27 , 1935

I last saw him alive on 4/27 , 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr. 10 Days
Pulmonary infarct	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. B. 1268-9

✓ F 12210

F 1221 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 9 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME William Rafferty.

(a) Residence: No. 1242 Darley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) Oct 28, ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

12. NAME Peter.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Relative Nellie Rafferty (Cousin)

(Address) 900 E. Biddle St.

BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date May 1 . 193 5

UNDERTAKER

(Address)

FILED . 19 . Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25 . 1935 to 4/27 . 1935

I last saw him alive on 4/27 . 1935 Death is said to have occurred on the date stated above, at 12 noon m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism, acute & chronic.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 12211

12211 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 N. Parrish St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Johnson

(a) Residence: No. 515 N. Parrish St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth

6. DATE OF BIRTH (month, day, year) Apr. 29, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Infant - none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Lilly Robinson

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Lilly Johnson

(Address) 515 N. Parrish St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Md. Date May 1st 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to April 29, 1935

I last saw h.e.r alive on April 29, 1935 Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spontaneous abortion	
24 wks.	

Other contributory causes of importance:

Prematurity.

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Savage M. D.

(Address) Mercy Hosp

D. B 1268-9

F 12212

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12212

CERTIFICATE OF DEATH

24-207-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. B. & O. R.R. tracks Locust St. Police Ward)

gth of residence in city or town where death occurred 20 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Howard W. Jones Jr.

(a) Residence: No. 409 E. Hamburg St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

ATE OF BIRTH (month, day, year) September 27, 1914

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
20	7	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 40

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn Maryland Co.

8. Date deceased last worked at this occupation (month and year) 4/29/35

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Howard W. Jones Sr.

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Lillian Rehling.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Lillian Jones. (mother)
(Address) 409 E. Hamburg St.

BURIAL, CREMATION, OR REMOVAL
Place Fortieth Ave. Date 5/1/35 19

UNDERTAKER J. H. Fisher & Sons
(Address) 818 Light St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed about the Chest,	
Internal injuries due to being caught between two railroad cars	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Otto M. Reinhardt, M. D. Coroner

4/30/35 (Address) 1017 E. Charles St.

D. B 1268-9

✓ F 12213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH: JOHNS HOPKINS HOSPITAL — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Dillon

(a) Residence: No. 1521 N Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Divorced

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. J.

13. NAME Maynard S. Gould

14. BIRTHPLACE (city or town) (State or country) N. J.

15. MAIDEN NAME Grace Stewart

16. BIRTHPLACE (city or town) (State or country) N. J.

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Philadelphia Pa Date May 1 1935

UNDERTAKER Francis A. Hensley

(Address) 571 N. Budd St.

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28 1935 to April 30, 1935

I last saw her alive on April 30, 1935 Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia; pneumococcus type I. Rt lower, middle + part of upper. Left lower part of upper, bacteremia, pericarditis	Apr 22

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? cultures Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

D. B. 1208-9

F 12214

12214 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-e

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 873 Park Ave. St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles T. Reilly

(a) Residence: No. 873 Park Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Ida Weaver Reilly

6. DATE OF BIRTH (month, day, year) Mar. 8th, 1892

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
43	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto - Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME OF FATHER Thomas Reilly

14. BIRTHPLACE (city or town) (State or country) Iowa

15. MAIDEN NAME OF MOTHER Not Known

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Mildred B. Campbell (Address) 873 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Loraine Cemetery Date 5/1 1935

19. UNDERTAKER E. I. Fanning & Son (Address) 1938 E. Lafayette Ave.

20. FILED ... 19... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr. 29th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21 1935 to April 29 1935

I last saw him alive on April 29, 1935. Death is said to have occurred on the date stated above, at 3.32 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 year
Other contributory causes of importance: Cardiac Decompensation (Acute)	1 week

Name of operation — Date of ...

What test confirmed diagnosis? Clinical + Lab Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) L. H. Barranco M. D.

(Address) 436 E. Fort Ave

H. D. B. 1268-9

12215 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12215, 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Benson St., 24 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Dora Ritter

(a) Residence: No. 1625 Benson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frank Ritter

DATE OF BIRTH (month, day, year) March 30, 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	68	1	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None | 11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) austria hungary

13. NAME Frank Ritter

14. BIRTHPLACE (city or town) (State or country) austria Hungary

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Henry Berger Daughter

(Address) 1625 Benson

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date May 2, 1935

19. UNDERTAKER Thos F Stevens

(Address) 501 E Fort Ave

20. FILED ....., 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to April 30, 1935

I last saw h alive on April 30, 1935. Death is said to have occurred on the date stated above, at 11.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 d
Bronchial Pneumonia	3 d

Other contributory causes of importance:

Chronic Interstitial Nephritis	4 y
Senile Sclerosis	4 y
Hypertension	4 y

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos F Stevens M. D.

(Address) 2878 Hartford Ave

D. P. 1268-9

✓ F 12216

12216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., ... Ward)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Robert Proctor

(a) Residence: No. 2101 Oak St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	col	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Alice

DATE OF BIRTH (month, day, year) April 23, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	7	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self 0023

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (city or town) (State or country) Dickerson, Md

14. NAME John Proctor

15. BIRTHPLACE (city or town) (State or country) Md.

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT Mrs Alice Proctor

(Address) 2101 Oak St

19. BURIAL, CREMATION, OR REMOVAL

Place Dickerson Md Date 5/2 1935

20. UNDERTAKER Geo. W. Gisel & Son

(Address) 608 N. Eutaw

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from ngmy ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of Atlas on AXIS	
Sub dural hemorrhage of brain.	
automobile accident	

Other contributory causes of importance:

Name of operation none Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/12 1935

Where did injury occur? Charles & 23rd Sts.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street accident

Manner of injury Struck by auto while

Nature of injury walking across street

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph Pokorny M.D. M. D.
Coroner

(Address) 2200 E Monument St

D. P. 1268-9

F 12217

F 12217 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 410 E 24th St., 12 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Caldwell

(a) Residence: No. 410 E 24th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Leroy Caldwell

DATE OF BIRTH (month, day, year) June 10, 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31 yrs	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper (self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (U?)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Lynchburg Virginia

13. NAME Vance Edwards

14. BIRTHPLACE (city or town) (State or country) Lynchburg Virginia

15. MAIDEN NAME India Rafney

16. BIRTHPLACE (city or town) (State or country) Rutsburg Virginia

INFORMANT Leroy Caldwell

(Address) 410 E 24th St.

BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn Cem Date 5/2 1935

UNDERTAKER Frances A. Hensley

(Address) 578 N Bridge

FILED 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29. 1935

22. I HEREBY CERTIFY. That I attended deceased from April 20. 1935. to April 29th 1935.

I last saw her alive on April 28 1935. Death is said to have occurred on the date stated above, at 9:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	April 19th 1935
Acute Gastric Dilatation	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jas. D. Julian Jr M. D.

(Address) 1434 E 23rd St.

D. B 1268-9

F 12218

12218

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1705 Llewelyn Ave St., 8 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Arthur Price

(a) Residence: No. 1705 Llewelyn Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 10/1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	3	3	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore. Md.

13. NAME Garland Price

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Pearl Wise

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Garland Price
(Address) 1705 Llewelyn Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt calvary Cem. Date 5-2- 1935

UNDERTAKER Bynum Maynard & Wright
(Address) 1218 Mc Elderry St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9.30 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	about 10 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) .....

F 12219

D. P. 1268-9

12219 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Wilkens Ave. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 1 mos. — ds. How long in U. S. If of foreign birth? 37 yrs. 2 mos. — ds.

2. FULL NAME Mr. William ~~Donald~~ McDonnell

(a) Residence: No. 2431 E. Hoffman St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Mar

If married, widowed, or divorced: HUSBAND of (or) WIFE of Kate McDonnell

DATE OF BIRTH (month, day, year) July 1 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME John McDonnell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Rafferty

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Ethel Rydell

(Address) 2431 E. Hoffman

BURIAL, CREMATION, OR REMOVAL

Place Mt. Cathedral Cem. Date May 4 1935

UNDERTAKER Kenny Undertaking Service, Inc.

(Address) 1301 E. Eager St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 — 2 — 1935 to 5 — 2 — 1935

I last saw him alive on May 2 1935 Death is said to have occurred on the date stated above, at 1.54 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	3 mos
Malnutrition	6 mos
Metastasis to liver	2 mos
Cardiac failure	1 wk

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel, M. D.

(Address) 21 Bowditch

F 12220

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12220

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 127 N. Streeper St., b Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Muth

(a) Residence: No. 127 N. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Muth

DATE OF BIRTH (month, day, year) April 2 - 1868

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Muth

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John Muth

(Address) 1212 N. Ellwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date May 2 1935

UNDERTAKER Mrs. E. Miller & Son

(Address) 2354 Gestman St.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1934 to April 29 1935

I last saw him alive on April 26 1935. Death is said to have occurred on the date stated above, at 12:07 AM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart disease	Feb 3, 1933
Other contributory causes of importance: arteriosclerosis	?

Name of operation — Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kreeper M. D.

(Address) 127 N. Streeper

1-30—M. & T.—250 Bks.

F 12221

F 12221 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 93-C

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (NO. 1511 Federal ST., 8 WARD)

2-FULL NAME Martha Holtzman

(a) RESIDENCE NO. 1511 Federal ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Oct 14, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	69	6	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Washington D.C.

10 NAME OF FATHER: Lewis Holtzman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frostburg Md.

12 MAIDEN NAME OF MOTHER: Estella Read

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Washington Md.

Informant (Address): Mrs Eva Matthews 1511 E Federal

Filed Apr 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): April 30/35

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1934, to Apr 30, 1935, that I last saw h[illegible] alive on Apr. 29, 1935, and that death occurred, on the date stated above, at 10.20 A m.

The CAUSE OF DEATH* was as follows:

Acute arthritis (Hypertension),

(duration) yrs. 5 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis. Hypertension

(duration) yrs. mos. 21 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Symptoms + findings

(Signed) J. L. Mackenzie, M. D.

, 19 (Address) 1119 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London P/L. Cem

DATE OF BURIAL: May 3 19 35

20 UNDERTAKER: Mrs. C. Miller & Son

ADDRESS: 2533 Jefferson St.

F 12222

HEALTH DEPARTMENT--CITY OF BALTIMORE

F 12222

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. University Parkway, 7 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lucille Kennady

(a) Residence: No. 104 W. University Parkway St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bascom King Kennady

DATE OF BIRTH (month, day, year) Sept. 2. 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	34	7	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Daniel LeCompte

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Nettie S. Bradley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bascom King Kennady

(Address) 104 W. University Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 2, 1935

19. UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED 5-2-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1934 to April 30 1935

I last saw h[illegible] alive on April 30 1935. Death is said to have occurred on the date stated above, at 12 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia & Laryngeal tuberculosis	Jan. 35
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? (Specify city or town, county, and State).

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2 W. Read St.

F 12223

F 12223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

124-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Anna C. Maitland

(a) Residence: No. 425 Evesham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed or divorced: HUSBAND of (or) WIFE of Howard Maitland

6. DATE OF BIRTH (month, day and year): May 15, 1882

7. AGE: Years 52 | Months 11 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Massachusetts

13. NAME OF FATHER: John Carpenter

14. BIRTHPLACE (city or town) (State or country): Mass.

15. MAIDEN NAME OF MOTHER: Rebecca Clark

16. BIRTHPLACE (city or town) (State or country): New Hampshire

17. INFORMANT: Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Woodlawn Cem. Date: May 3, 1935

19. UNDERTAKER: Henry Altmeyer & Son
(Address) 1220 Edmondson Ave.

20. FILED: 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year): May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935 to May 1, 1935

I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver & Ascites	1933
Repeated gastric hemorrhages for the past 2½ years, last hemorrhage on April 30, 1935	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M.D.

(Address) Maryland General Hosp.

D. H. 1268-9

12221 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12224

CERTIFICATE OF DEATH

Registered No. 723

1. PLACE OF DEATH Good Shepherd General Hospital
CITY OF BALTIMORE: (No. 1512 Gilmor St., 7 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Gregory

(a) Residence: No. 1006 N Dallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna Gregory

6. DATE OF BIRTH (month, day, year) March 9 1857

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
78	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md
13. NAME Hanna Walker
14. BIRTHPLACE (city or town) (State or country) Cumberland Md
15. MAIDEN NAME Hanna Gregory
16. BIRTHPLACE (city or town) (State or country) Cumberland Md
17. INFORMANT Charles Gregory
(Address) 1006 N Dallas St

BURIAL, CREMATION, OR REMOVAL
Place Asbury Cemetery Date May 2 1935
UNDERTAKER Edw Bryant
(Address) 1681 Edison Hwy
FILED 1935 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29 1935

22. I HEREBY CERTIFY, That I attended deceased from March 21 1935 to April 29 1935
I last saw him alive on April 29 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indefinite
Other contributory causes of importance: Chronic Myocarditis	Indefinite
Arteriosclerosis	Indefinite

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas. Wendkos M. D.
(Address) 811 Fallsway

pec.—9 30—A. & Co.—250 Bks.

12225 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12225

CERTIFICATE OF DEATH.

√ 81

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 5611 Belle Vista Ave ST. 27 WARD)

2 FULL NAME Lewis Daniel Jones

(a) RESIDENCE NO. 5611 Belle Vista Ave ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	widower

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Carrie Jones 1677

DATE OF BIRTH (month, day, and year) 5/25/1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
√	57	2	6	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Rail inspector

(b) General nature of industry, business, or establishment in which employed (or employer) 1073

(c) Name of employer B & O. Railroad

BIRTHPLACE (city or town) Baltimore
(State or country) Md

10 NAME OF FATHER Bennett Jones

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Md

12 MAIDEN NAME OF MOTHER Elizabeth Jennings

13 BIRTHPLACE OF MOTHER (city or town) Cincinnati
(State or country) Ohio

Informant Charles B. Jones
(Address) 5611 Belle Vista ave

Filed MAY 2 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-1-1935

17

I HEREBY CERTIFY, That I attended deceased from March 10, 1935, to ~~Sept~~ May 1, 1935

that I last saw him alive on May 1, 1935

and that death occurred, on the date stated above, at 1.30 P. m.

The CAUSE OF DEATH* was as follows:

Bulbar paralysis

about (duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (Secondary) Bronchial pneumonia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) A. M. Bacon M. D.

5/1, 1935 (Address) 2810 Taylor Ave. Hamilton P.O.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Baltimore Cemetery	May 4 1935
20 UNDERTAKER Henry Lutz	ADDRESS 1203 N. Broadway

D. B 1268-9

F 12226

HEALTH DEPARTMENT—CITY OF BALTIMORE

12226

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 18 Ward)

Length of residence in city or town where death occurred .....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Sanders Marshall

(a) Residence: No. 1115 Edmondson Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Blanche Marshall

6. DATE OF BIRTH (month, day, year) April 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
41	40	0	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel Co
(State or country) Md

13. NAME George Marshall

14. BIRTHPLACE (city or town) Md
(State or country)

15. MAIDEN NAME Mary Allen

16. BIRTHPLACE (city or town) Md
(State or country)

INFORMANT Mr Blanche Marshall.
(Address) 1115 Edmondson ave.

BURIAL, CREMATION, OR REMOVAL

Place Mayfield Date April 3rd 1935

UNDERTAKER Forrest E Wright
(Address) 1001 Carrollton Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S S Herzog M.D.
Coroner

(Address) 345 N Robinson Ave

F 12227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12227

CERTIFICATE OF DEATH

89-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Ziff

(a) Residence: No. 2710 Hilton ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or WIFE of) Lena Ziff

7. DATE OF BIRTH (month, day, year) 7/10/1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 42	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME Hyman Ziff

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Sheba Berman

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL Place Herring Run Date 6-2-35 19

UNDERTAKER Jack Levin Inc
(Address) 1439 E. Baltimore

FILED 6-2 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18/35 to 5/1/35

I last saw him alive on 5/1/35 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Purulent Meningitis	2
	over
Other contributory causes of importance: Brain abscess	12 days

Name of operation Craniotomy - 4/20/35 5/1/35 Was there an autopsy? No

What test confirmed diagnosis? Operation

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

I Signed Raymond F. Hufnit M. D.
(Address) Mercy Hospital.

F 12228

D. B. 1268-8

F 12228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 98

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? 57 yrs. mos. ds.

FULL NAME Rose Amram

(a) Residence: No. Belmar Apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed or divorced
HUSBAND of (or) WIFE of Harris H. Amram

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Epstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jennie

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oheb Sholom Date 1935

UNDERTAKER Levi Levin Inc.
(Address) 1437 E. Baltimore St.

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to May 1 1935

I last saw her alive on April 30 1935. Death is said to have occurred on the date stated above, at 12 05 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene of left arm	Months ago
Amputation	1 day ago
Heart failure	April 29 '35

Other contributory causes of importance:

Arteriosclerosis	

Name of operation Amputation left arm Date of April 29, '35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wilfred K. Knipling, M. D.

(Address) Sinai Hospital

D. B. [illegible] 12229

12229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (Or) W. Balto Hosp. St., 19th (Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henry Sandman

(a) Residence: No. 311 S. Bruce St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary L. Sandman

6. DATE OF BIRTH (month, day, year): July 4 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

9. Date deceased last worked at this occupation (month and year):

10. Total time (years) spent in this occupation:

11. BIRTHPLACE (city or town) (State or country): Md.

12. NAME: Henry D. Sandman

13. BIRTHPLACE (city or town) (State or country): Germany.

14. MAIDEN NAME: Augusta Bannato

15. BIRTHPLACE (city or town) (State or country): Germany

16. INFORMANT: Benj. Sherman

(Address): 210 S. Mount.

17. BURIAL, CREMATION, OR REMOVAL

Place: Wdvale Cems. Date: May 3rd 1935

18. UNDERTAKER: A. Jones.

(Address): 111 S. Gilmor st

19. FILED: 1935

20. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 30th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

Last saw h alive on Friday. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 3 months

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. Clark Coroner, M. D.

(Address) .....

B 1268-9

F 12230

12230

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Annie Thompson

(a) Residence: No. 309 N. Myrtle Ave. Ward.....

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

married, widowed, or divorced HUSBAND of (or) WIFE of John W. Thompson

TE OF BIRTH (month, day, year) Oct. 30-1868

E	Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
66	68	6		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Delaware

NAME Lawrence Redding

BIRTHPLACE (city or town) (State or country) Del.

MAIDEN NAME Mary A. Chandler

BIRTHPLACE (city or town) (State or country) Del.

FORMANT Mrs. C. Baillgens

(Address) 309 N. Myrtle Ave

RIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 3, 1935

NDERTAKER Mrs Katie R. Williams

(Address) 322 E Lafayette Ave

LED 1935 ....., 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Zillrd M. D.

Coroner

(Address) 2719 Eastern Ave.

D. P. 1268-9

F 12231

12231

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 933 Paca St. St., 21 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward A Pfeffer

(a) Residence: No. 933 Paca St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Son

6. DATE OF BIRTH (month, day, year) April, 6, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	0	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Linwork 086

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wilhelm Pfeffer

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Burlow

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Mary Pfeffer Mother

(Address) 933 Paca St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park. Date May 4. 1935

UNDERTAKER Chas L Storms

(Address) 1501 E. Fort Ave

FILED 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11/35 . 19 to 5/1/35 . 19

I last saw h in alive on 5/1/35 Death is said to have occurred on the date stated above, at 8 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance: Acute Cardiac Failure	4/24/35

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. M. Donohue M. D.

(Address) 1410 Druid Rd.

D. B. 1268-9

F 12232

HEALTH DEPARTMENT—CITY OF BALTIMORE

12232

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5800 Park Heights Ave. Ward) 37

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Frances Carter.

(a) Residence: No. 5800 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Florence C. Carter.

6. DATE OF BIRTH (month, day, year): 1854

7. AGE: Years 79; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

13. NAME: John N. Carter.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Lemmon

16. BIRTHPLACE (city or town) (State or country): U S A

17. INFORMANT: Mr. Joseph C. Carter.

(Address): 5800 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: May 2, 1935

19. UNDERTAKER: Tom Hecht Sons

(Address): Forest & Paves

FILED: 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apl. 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to apr 29, 1935

I last saw him alive on apr 29, 1935. Death is said to have occurred on the date stated above, at 7.20 P m.

The principal cause of death and related causes of importance were as follows:

Intestinal Carcinoma — Date of onset

Other contributory causes of importance:

Senility

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Reilly, M. D.

(Address) 5276 Park Heights Ave

F 12233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12233

CERTIFICATE OF DEATH

97

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1405 Lexington St. 24 Ward)

Length of residence in city or town where death occurred 7 yrs. 2 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Laura A. Johnson

(a) Residence: No. 1405 Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Winfield S. Johnson

DATE OF BIRTH (month, day, year) July 15, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Sarah Joyner

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Amanda Fowler

16. BIRTHPLACE (city or town) (State or country) [redacted] Md

INFORMANT Winfield S. Johnson

(Address) 1405 Lexington St

BURIAL, CREMATION, OR REMOVAL.

Place Edmondson Date May 3, 1935

UNDERTAKER C. Howard Evans

(Address) 1400-02 Pennsylvania Ave

FILED May 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4.30.35., 19

22. I HEREBY CERTIFY, That I attended deceased from 12.15.29, 19 to 4.30.35, 19

I last saw him alive on 4.30.35, 19 Death is said to have occurred on the date stated above, at 9.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	about 5 years

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1-32 William St.

D. B. 1268-9

F 12234

F 12234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Woodall St., 24 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline A. Brady

(a) Residence: No. 1410 Woodall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank L. Brady

6. DATE OF BIRTH (month, day, year): April 14, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: Thomas McEntire

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Barbara Watters

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs Lucie Jackson

(Address): 1410 Woodall St.

18. BURIAL, CREMATION, OR REMOVAL

Place: U.S. Naturalization Date: May 5, 1935

19. UNDERTAKER: A. Tregoning Evans

(Address): 1400-02 Linden Ave.

20. FILED: May 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to May 1, 1935.

I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 8.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4/26/35

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Sidney H. Streett, M. D.

(Address) 421 E. Fort Ave.

✓ F 12235

D. P. [illegible]

F 12235

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. 25 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Short

(a) Residence: No. 3554 Horton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

DATE OF BIRTH (month, day, year) April 11 1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15		23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. [illegible]
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas A Short

14. BIRTHPLACE (city or town) (State or country) Mo

15. MAIDEN NAME Margaret M Holmes

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Margaret M. Holmes
(Address) 3554 Horton St

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date May 3 1935

UNDERTAKER C. Howard Evans
(Address) 1412-1414 Fremont Ave

FILED 2-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to April 30, 1935
I last saw h[illegible] alive on April 30, 1935 Death is said to have occurred on the date stated above, at 12 N m.

The principal cause of death and related causes of importance were as follows:

Mitral insufficiency
stenosis
Myocardial failure

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James L. Watt M. D.

(Address) 1213 Light St

D. B. 1268-9

Hart.

F 12236

HEALTH DEPARTMENT—CITY OF BALTIMORE

12236

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Length of residence in city or town where died 36 x 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elliott, Jack.

(a) Residence: No. 1079 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 1887.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Steven Jack. Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Saba.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Records Bd. H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 2nd 1935

UNDERTAKER Geo. A. Wilson
(Address) for Brantley & Williams

FILED May 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4 29 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/28 1935 to 4/29 1935

I last saw him alive on 4/29 1935 Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

D. B 1268-9

F 12237

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

75 F 12237

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 7th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Hinton

(a) Residence: No. 400 W. Camden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Cond Date May 2d, 1935

19. UNDERTAKER

20. FILED 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholism.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) August Zeller, M. D. Coroner

(Address) 239 Eastern Ave.

D. B. 1269-9

✓ F 12238

12238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 14 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dan Perkins.

(a) Residence: No. 2121 Druid Hill St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

If married, widowed, or divorced HUSBAND of (or) WIFE of Henrietta.

DATE OF BIRTH (month, day, year) 10/18/61

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	73.	6	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Prince Perkins

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Chaney ? ?

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records Bd H.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Universal Funeral Home Date May 2, 1935

UNDERTAKER

(Address)

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1935 to 4/23, 1935

I last saw h alive on 4/23, 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

Cor.—10-10-29—A Co.—100 Bks.

F 12239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12239

CERTIFICATE OF DEATH

92-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of Baltimore: (No. 2620 Guilford Av St., 13 Ward)

2-FULL NAME Walter Nelson

(a) RESIDENCE NO. Unknown St., Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed or Divorced, (write the word)
M	C	Unknown

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) Unknown

7 AGE Years	Months	Days	IF LESS than 1 day hrs. or min.
55 ?			

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Janitor
(b) General nature of industry, business, or establishment which employed (or employer) Synagogue
(c) Name of employer

9 BIRTHPLACE (city or town) Unknown
(State or country)

PARENTS

10 NAME OF FATHER "

11 BIRTHPLACE OF FATHER (city or town)
(State or country) "

12 MAIDEN NAME OF MOTHER "

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) "

14 Informant Office of Dr. H.
(Address) Health Dept

15 Filed ____, 19 ____ Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 26 1925

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest
(Inquest, Autopsy or Inquiry.)
thereon and from the evidence obtained by said Inquest
(Inquest, autopsy or inquiry) find that said deceased came to [illegible] death on the date stated above.
The CAUSE OF DEATH* was as follows:

Valvular Disease of Heart

(duration) yrs. mos. ds.

CONTRIBUTORY
(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) H. Monroe, M. D.

4/27 1925 (Address) 2632 Maryland Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
University of Md	May 2 1925
20 UNDERTAKER	ADDRESS

1925 1935 MORGUE

D. B. 1268-9

Crier ✓ F 12240

F 1224 (HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred Crier.

(a) Residence: No. 1018 Low. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) 4/11/1883.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	52.	0	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME Richmond Va.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Eliz. Bland.

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Leroy Crier (Brother)
(Address) 1018 Low St.

BURIAL, CREMATION, OR REMOVAL
Place Universal Ford Date May 2. 1935

UNDERTAKER
(Address)

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/26. 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/24. 1935 to 4/26. 1935

I last saw h. alive on 4/26 1935 Death is said to have occurred on the date stated above, at 3 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

D. B. 1268-9

✓ F 12241

HEALTH DEPARTMENT—CITY OF BALTIMORE

12241

CERTIFICATE OF DEATH

59

Registered No. F 12241

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1724 Eutaw Pl St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth 65 yrs. mos. ds.

2. FULL NAME Fannie Gichner

(a) Residence: No. 1724 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24 1869

AGE 65 Years	Months 9	Days 6	If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none MD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Bielitz Austria

13. NAME Jacob Gichner

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Johanna Enoch

16. BIRTHPLACE (city or town) (State or country) Austria

INFORMANT Robert Gichner

(Address) 3201 Fairmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebr. Cem. Date May 3, 1935

UNDERTAKER Sherid Somerkim & Son

(Address) 1902 Eastern Ave

FILED 1935 May 6, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1935, to May 1st, 1935

I last saw her alive on May 1st, 1935 Death is said to have occurred on the date stated above, at 7.30 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset ?yr. ago

Other contributory causes of importance:

Diabetes Mellitus of 15 yrs standing

Name of operation none Date of

What test confirmed diagnosis? Signs (Was there an autopsy? No)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Joseph E. Gichner, M. D.

(Address) 3201 Fairmount Ave

D. B. 1268-9 F 12242 ✓ F 12242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 11 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Combsta.

(a) Residence: No. 840 Park Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Nov 1st 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hudson Falls, N. Y

13. NAME OF FATHER Charles Combsta

14. BIRTHPLACE (city or town) (State or country) Hudson Falls, N. Y.

15. MAIDEN NAME OF MOTHER mrs. Virginia Fitch

16. BIRTHPLACE (city or town) (State or country) Crystal Lake Ill.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL London Park Cem. Date May 3rd 1935

19. UNDERTAKER H. H. Jenkins & Co.
(Address) Edmondson Ave.

20. FILED MAY 2 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29 1935 to April 30 1935

I last saw him alive on April 30 1935. Death is said to have occurred on the date stated above, at 11:50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance:	
Uremia	Unknown
Rt cerebral Hemorrhage	4-29-35

Name of operation None Date of

What test confirmed diagnosis? Clinical and pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Jos. A. Sedlacek M. D.

(Address) Church Home & Infirmary

D. P. 1268-9

✓ F 12243

12243 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Kline.

(a) Residence: No. 4 W. Lee. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine.

DATE OF BIRTH (month, day, year) Dec. 16, ?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86.		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. (Ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn, Md

13. NAME Julius Kline

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Records Bur't.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 3, 1935

UNDERTAKER J. Fow McCauley & Son
(Address) 50 E. Fort Ave.

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1935 to 4/30, 1935

I last saw h. alive on 4/20, 1935 Death is said to have occurred on the date stated above, at 6 20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	8 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter. M. D.

(Address) Balto City Hosp.

D. B. 1268-9

E 12244

12244

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Mt. Royal Avenue St., 14 Ward)

Length of residence in city or town where death occurred 86 yrs. 2 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rosa E. Cunningham

(a) Residence: No. 1504 Mt. Royal Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Edmund H. Cunningham

DATE OF BIRTH (month, day, year): Feb. 22, 1849

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	86	2	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: William S. Gross

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Catherine Clautice

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Miss Irma M. Cunningham

(Address) 1504 Mt. Royal Avenue

BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cemetery 5/3 1935

UNDERTAKER: Kenny & Myers & Son

(Address) 3 W. Eager St.

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21 1935 to April 30 1935

I last saw her alive on April 30 1935 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Myocarditis	1 yr
Senile decay	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) C. Morton Smith M. D.

(Address) 817 Park ave., Balto.

D. P. 1268-9

F 12245

12245 HEALTH DEPARTMENT—CITY OF BALTIMORE

115-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital
CITY OF BALTIMORE: (No. ~~2514 Talbot Rd.~~ St., ... Ward)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Francis E. Tormey

(a) Residence: No. 2514 Talbot Rd. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Tormey

DATE OF BIRTH (month, day, year) 5/11/65

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Architect
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~do~~
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME James A. Tormey

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. MAIDEN NAME Mary Mason

15. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mercy Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/6 19 35

UNDERTAKER Harry A. Mears & Son
(Address) 805 N. Eutaw St.

FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from 4/30/35 19 to 5/2/35 , 19

I last saw h[illegible] alive on 5/2/35 , 19 Death is said to have occurred on the date stated above, at 3:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infected Submaxillary Gland	4/24/35
Other contributory causes of importance: Cerebral Embolism	5/1/35

Name of operation Incision & drainage Date of 4/30/35
What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph V. Hipp, M. D.
(Address) Mercy Hospital

F 12246 F 12246

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2401 Edmondson Ave. St. 70 Ward)

Length of residence in city or town where death occurred 31 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary H. Crockett

(a) Residence: No. 2401 Edmondson Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Julius A. Crockett

DATE OF BIRTH (month, day, year) May 15, 1857.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Warren Watkins

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Imogene Watkins

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Clarence G. Mullinix
(Address) 2401 Edmondson Ave.

BURIAL, CREMATION, OR REMOVAL
Place ... Date ... 19

UNDERTAKER Henry H. Kuetzle
(Address)

FILED 3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-1-1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 1 1935

I last saw her alive on May 1 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Parenchymatous nephritis	
Acute Fibrillation.	
Other contributory causes of importance: Chronic Bronchitis	

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 ...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Bernard P. Freed, M. D.

(Address) 2339 Greenmount Ave.

F 12247

7659

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12247

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Guy Burkett Jr.

(a) Residence: No. 835 Hamilton Terrace St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-8-17

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Guy Burkett

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Hester Kenny

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Md Date May 4 1935

19. UNDERTAKER C. E. Cline & Son

(Address) Frederick Md

MAY 3 - 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4 . 1935 to May 2 . 1935

I last saw him alive on May 2 . 1935. Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerulonephritis — Uremia. — Date of onset Dec 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Bernard Brack M. D.

(Address) Johns Hopkins Hospital

D. B. Form 1 F 12248 F 12248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home and Infirmary St., 6 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Haterman

(a) Residence: No. Strasburg Junction, Va. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Isabel Haterman

6. DATE OF BIRTH (month, day, year) Oct. 13, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion Ohio.

13. NAME Frank Haterman

14. BIRTHPLACE (city or town) (State or country) Ohio.

15. MAIDEN NAME Rachal Seville

16. BIRTHPLACE (city or town) (State or country) Ohio.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Strasburg, Va. Date 5/3 '35

19. UNDERTAKER John S. Arnold
(Address) Alexandria, Va.

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to May 2 1935.

I last saw him alive on May 2 1935. Death is said to have occurred on the date stated above, at 10.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	Unknown
Other contributory causes of importance: Myocardial failure	July 1934
Uremia	Unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical and Pathological Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wesley J. Ketz M. D.

(Address) Church Home & Inf.

D. P. H. No. 12249 F 12249

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ambassador Apts. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Ball

(a) Residence: No. Canterbury Mews & 39th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of Mary Bagley Ball
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 4, 1879.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Vice President Southern States Cooperative Mills Inc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textiles

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Unknown
(State or country)

13. NAME Frank G. Ball

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Minnie Goes

16. BIRTHPLACE (city or town) Unknown
(State or country)

INFORMANT Mrs. John H. Ball
(Address) Canterbury M. & 39th St.

BURIAL, CREMATION, OR REMOVAL

Place Buffalo, N. Y. Date May 3rd 1935

UNDERTAKER Harry A. Curtis
(Address) 1700 Eutaw Pl.

FILED May 3 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to May 2, 1935

I last saw him alive on May 2, 1935. Death is said to have occurred on the date stated above, at 12.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days ago

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. G. Ingerman, M. D.

(Address) 2340 Eutaw Place

F 12250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1605 N. Monroe St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Ella G. Ferguson

(a) Residence: No. 1605 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married~~ widowed, ~~or husband~~ (or) WIFE of Frank Ferguson

DATE OF BIRTH (month, day, year) April 8th 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 35

BIRTHPLACE (city or town) (State or country) Bridgeton N.J.

13. NAME Frank Garrison

14. BIRTHPLACE (city or town) (State or country) Bridgeton N.J.

15. MAIDEN NAME Millie Wright

16. BIRTHPLACE (city or town) (State or country) Salem N.J.

INFORMANT James O. Ferguson
(Address) 2809 Overland Ave

BURIAL, CREMATION, OR REMOVAL
Place Bridgeton N.J. Date May 4th 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 23 1935 to May 1 1935

I last saw her alive on May 1 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No

(Signed) W G Owen M. D.
(Address) 720 N Monroe

D. P. 1268-9 **F 12251** **F 12251**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union M. Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mrs Robt Earl Chalk (Viola Chalk)

(a) Residence: No. 440 Fawcett St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If ~~married~~ widowed, ~~or divorced~~ HUSBAND ~~of~~ (or) WIFE of Robert Chalk

6. DATE OF BIRTH (month, day, year) July 17th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	9	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Walter Lee Cooper

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Emma Stout

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Emma Powell

(Address) 440 Fawcett St

BURIAL, CREMATION, OR REMOVAL

Place St. Mary's Hampden Date May 4th 1935

UNDERTAKER Zorn Cook

(Address) 1217 St Paul St

FILED 3 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15 . 1935 . to 5-2 . 1935

I last saw her alive on 5-2 . 1935 Death is said to have occurred on the date stated above, at 11 30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerulo nephritis — Duration 4-15-35

Other contributory causes of importance:

Arteriosclerosis, generalized

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) B Hollerman M. D.

(Address) U. M. H.

D. B. 1268-9

F 12252

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12252

133

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St. 22 Ward)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Shaulis

(a) Residence: No. 534 W. Baree St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Shaulis

DATE OF BIRTH (month, day, year) May 13th, 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	16/5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter's

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 7

BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME John Shaulis

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME Lucella Kress

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 5/13/35, 19

UNDERTAKER Wm. Comp Sons Inc
(Address) 2331 E. Fayette St.

FILED 1935 No. 1175 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15th, 1935 to April 29th, 1935

I last saw him alive on April 29th, 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis, Left	3-15-35
Other contributory causes of importance:	
Toxemia	7
Septicemia	2

Name of operation None Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Robt. F. Nantz M. D.
(Address) Balto. City Hosp.

B 1268-9

F 12253

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12253

CERTIFICATE OF DEATH

12715 93-C

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 726 Ramsay St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? 35 yrs. mos. ds.

FULL NAME Hermina Sekyra

(a) Residence: No. 726 Ramsay St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

married, widowed, or divorced
HUSBAND of
(or) WIFE of Walter Sekyra

ATE OF BIRTH (month, day, year) Nov. 17, 1885

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	5	14	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Viena
(State or country) Austria

. NAME Frank Hrbek

. BIRTHPLACE (city or town)
(State or country) Austria

. MAIDEN NAME Anna Kosek

. BIRTHPLACE (city or town)
(State or country) Austria

NFORMANT Walter Sekyra
(Address) 726 Ramsay St.

URIAL, CREMATION, OR REMOVAL
Place Oak Hill Date May 4, 1935

NDERTAKER Frank Cvach & Son
(Address) 1906 Ashland Ave

LED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Eugene Zeller M. D.
Coroner

(Address) 739 Eastern Ave.

D. P. [illegible]-68-9 F 12254 F 12254

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 N. Pearl St. St., 14 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel E. Oelmann

(a) Residence: No. 102 N. Pearl St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: ~~Female~~ Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 21 - 1885

7. AGE: Years 49 Months 8 Days 10 If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ~~None~~

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Louis F. Oelmann

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

15. MAIDEN NAME: Elizabeth Hinchey

16. BIRTHPLACE (city or town) (State or country): Ireland.

INFORMANT: Louise M. Conway

(Address): 102 N. Pearl St

BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: May 4. 1935

UNDERTAKER: Mrs. Mrs. John W. Teufel & Son

(Address): 801 W. Fayette St.

FILED 5-6-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1934. 19 ... to May 2. 1935

I last saw h[illegible] alive on May 1st. 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Hypertrophy Heart Disease

Date of onset: Oct 1934

Other contributory causes of importance:

Indigestion

Name of operation ..... Date of .....

What test confirmed diagnosis Visual Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. K. Fenner M. D.

(Address) 111 W. Madison St.

D. B. 1268-9

Goldberg

F 12255

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12255

CERTIFICATE OF DEATH

✓ 50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2905 Parkwood Ave 13 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~2905~~ Florence Goldberg

(a) Residence: No. 2905 Parkwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of May

DATE OF BIRTH (month, day, year) 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Wolfe Randau

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Ida ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Husband

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date 5/2/34. 19.

19. UNDERTAKER Hyk & Levy Inc

(Address) 1145 E. Monument St.

20. FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-34. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1-34. 19 to May 2 19 34.

I last saw her alive on May 2 1934. Death is said to have occurred on the date stated above, at 2.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Metastatic Carcinoma of Breast	May 93
Other contributory causes of importance:	
Carcinoma of Breast	?

Name of operation Radical Breast Date of May/32

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alma B Lemmon M. D.

(Address) 718 N. Patterson Park Ave

D. P. 1268-9

F 12256

12256 HEALTH DEPARTMENT—CITY OF BALTIMORE

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1820 N. Appelton St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

2. FULL NAME Rose Lipman

(a) Residence: No. 1820 N. Appelton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mordecai Lipman

DATE OF BIRTH (month, day, year) 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Lipman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rebecca ?

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Harry Lipman for

(Address) 1820 N Appelton St

BURIAL, CREMATION, OR REMOVAL

Place Herring Run Date 5/3/35 19

UNDERTAKER Levy Bros Inc

(Address) 1439 E Baltimore St

FILED May 4 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from April 27 19 35 to May 3 19 35

I last saw h alive on May 3 19 35 Death is said to have occurred on the date stated above, at 12.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/27/35
Other contributory causes of importance:	
Diabetes Mellitus	?
Generalized Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Cushman M. D.

(Address) 1921 W. North Ave

M. DEP. 12-4 12257 F 12257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1148 N Stricker St., 16 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Brown

(a) Residence: No. 1148 Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Brown

7. DATE OF BIRTH (month, day, year) July 5, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 55		9	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 006

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME John Warning

14. BIRTHPLACE (city or town) (State or country) md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Addie Mabel

(Address) 1148 N. Stricker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Walkers Chapel Date 5/5, 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED ... 19... Registrar.

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1935, to 5/1, 1935

I last saw her alive on 5/1, 1935. Death is said to have occurred on the date stated above, at 6A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage ×	
Paralysis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) B. M. Rhetts, M. D.

(Address) 2129 Orleans

D. B. 1268-9

F 12258

F 12258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Gilmor St., 15 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian Savoy

(a) Residence: No. 1611 Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Savoy

DATE OF BIRTH (month, day, year) Feb 2-, 1897

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	2	28	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Va.

13. NAME James Talaferro

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lottie Edwards

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Grace Day

(Address) 1611 Gilmor St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 4 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1935 to May 2 1935

I last saw h[illegible] alive on May 1 1935. Death is said to have occurred on the date stated above, at 1230 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	Apr 25

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Fahey M. D.

(Address) 1128 Penna Ave

D. B. 1268-9

F 12259

12259

HEALTH DEPARTMENT—CITY OF BALTIMORE

XV 46-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 1 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Lola Dinkle

(a) Residence: No. Downsville Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ralph Dinkle

DATE OF BIRTH (month, day, year) Nov. 20 - 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Downsville Washington Co. Md.

13. NAME Joshua Losey

14. BIRTHPLACE (city or town) (State or country) Downsville Washington Co. Md.

15. MAIDEN NAME Ida Leitch

16. BIRTHPLACE (city or town) (State or country) Delgin Pa. Washington Co. Md.

INFORMANT Ralph Dinkle

(Address) Downsville Md

BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Date May 5. 1935

UNDERTAKER Long & Zeast & Son

(Address) 130 Jonesboro Md.

5-4-1935

FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 . 1935 to May 3 . 1935

I last saw her alive on May 3 . 1935 Death is said to have occurred on the date stated above, at 7:45 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Hepatica Hepatis — Date of onset

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of April 27

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Helen O. Broughton M. D.

(Address) University Hospital

F 12260

D. H. 1265-a

12260

985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45-a

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Levinson

(a) Residence: No. 61 N Portage Path St., ... Ward. Akron Ohio

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/23/76

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) U. S.

13. NAME Harris Levinson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Frank

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records

(Address) Johns Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL

Where Southern Ave Date May 3 35

UNDERTAKER A & L Levinson & Bro

(Address) 1127 E Balto st

FILED 3-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 1935 to May 3 1935

I last saw him alive on May 3 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock following operation for carcinoma of glands of neck. Primary lesion of larynx 1 yr ago. a malignant tumor.	6 hrs.
	1 yr.
Other contributory causes (a), (b), (c)	

Name of operation Removal glands of neck Date of May 2 1935

What test confirmed diagnosis? biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Fred W Geyer M. D.

(Address) Johns Hopkins Hospital

F 12261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 146-147

Registered No. F 12261

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 6a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Inez Citraro. X

(a) Residence: No. 36 N. Elwood Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced, (or) WIFE of August Citraro.

6. DATE OF BIRTH (month, day, year) December 21, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Adamo Tamat.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Lucia Ciani.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Louis Napoleone Tozat (Brother)

(Address) 221 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL New Cathedral Cem. May 4 1935

Place (Date) 19

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Morley St.

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxemia of pregnancy	
Eclampsia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt M. D.
Coroner

5/2/35 (Address) 1017 E. Charles st.

D. P. 1268-9

2262 F 12262

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 51-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 113 N. Fremont Ave Ward)

gth of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Marcus Oliker

(a) Residence: No. 113 N. Fremont Ave., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Jennie Oliker

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car Cleaner

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Israel Moses

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Freda

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Wife
(Address)

BURIAL, CREMATION, OR REMOVAL New Washington Rd Date 1/3/35 19

UNDERTAKER Jack Lewis Inc
(Address) 1439 E. Baltimore St

FILED 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 1-3-35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1934 to May 3rd 1935

I last saw h in alive on May 3rd 1935. Death is said to have occurred on the date stated above, at 10:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate Gland	1 Mayo.
Other contributory causes of importance:	
Chr. Myo Carditis	?
Pulmonary Edema	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings & Cystoscope. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ✓

(Signed) Michael A. Abrams M. D.

(Address) 2360 Eutaw Place.

H. B. 1268-9

F 12263

2263 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 54-B

PLACE OF DEATH ST. JOSEPH'S HOSPITAL 17-3 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE, MD. St., Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eulalia Hughes

(a) Residence: No. 815 Harlem St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

If married, widowed, or divorced WIFE of (or) HUSBAND of William W. Hughes

ATE OF BIRTH (month, day, year) 1891

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
44			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8037

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frances J Thoms

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary E Wood

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mr Hughes Husband

(Address) 815 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL Interment

Place New Cathedral Date May 4th 1935

19. UNDERTAKER Elroy D Wilson

(Address) 1000 E Biddle St

FILED May 3 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 1935 to May 1 1935

I last saw her alive on May 1 1935 Death is said to have occurred on the date stated above, at 6-30 P. m.

The principal cause of death and related causes of importance were as follows: | Date of onset

1. Myomata uteri
2. Chronic myocardial degeneration

Other contributory causes of importance:

1. Secondary anaemia

Name of operation Hysterectomy Date of 4-27-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

B 1268-9

2264 HEALTH DEPARTMENT—CITY OF BALTIMORE 2264

CERTIFICATE OF DEATH

✓ 140-139-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Hopkins Hospital St., 16 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Cassie Hill

(a) Residence: No. 1228 W. Lafayette Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Jan 30/1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	3	0	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

NAME McKindley Dorsey

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Thesia Parker

BIRTHPLACE (city or town) (State or country) Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Leon's Vill Md Date May 4th 35

UNDERTAKER Elroy L Wilson

(Address) 1500 Brantley ave

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30/35

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 8.30 m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis with ileus	
Cellulitis of uterus with gangrene	

Other contributory causes of importance:

History of abortion about 6-8 wks ago- type undetermined- no history could be obtained.

Name of operation for ileus Date of Apr 28

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) , M. D. Coroner

(Address)

F 12265

B 1268-9

12265 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 181 Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Henry Frederick Resch

(a) Residence: No. 1104 S. Baylis St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced — HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) Oct. 4, 1910

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	24	6	6 27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md

13. NAME Frederick Resch

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Stratemeyer

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Margaret Resch

(Address) 1104 S Baylis St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemt. Date May 4, 1935

UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
3rd deg. Burns all over body	4/28/35
Toxemia, Shock.	

Other contributory causes of importance:

Gasoline Explosion	4/28/35

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? accident Date of injury 4/28/1935

Where did injury occur? ODonnel & Conklin Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident.

Manner of injury Burned by explosion of gasoline as tank on truck was being filled

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) Joseph Pokorny, M. D.

(Address) 2200 E Monument St

D. P. 1268-9

F 12266

2266

HEALTH DEPARTMENT—CITY OF BALTIMORE

X V 46-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hosp

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Elizabeth H. Tydings (Elizabeth Howard Tydings)

(a) Residence: No. Box 23 Annapolis Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced (Roy V. Tydings)
HUSBAND of
(or) WIFE of Elizabeth H. Tydings

7. DATE OF BIRTH (month, day, year) Jan 1, 1882

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	-	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

13. NAME Mrs Robert B Chesterfield

14. BIRTHPLACE (city or town) Anne Arundel County
(State or country) Maryland

15. MAIDEN NAME Miss Belinda Howard

16. BIRTHPLACE (City or town) Anne Arundel County
(State or country)

17. INFORMANT Mr. Roy V. Tydings
(Address) Box 23, Annapolis, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis, Md. Date May 4, 1935

19. UNDERTAKER Joseph B Cook
(Address) 100 W. Baltimore St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-30-35 to 5/3/35, 19...

I last saw her alive on May 3, 1935 Death is said to have occurred on the date stated above, at 8.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Carcinoma	
	Nov
Other contributory causes of importance:	
Intestinal obst.	4/25/35

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John N Bamgby, M. D.

(Address) Maryland General Hosp

D. B. 1268-9

F 12267

2267

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 S. Duncan St., 15 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Robinson

(a) Residence: No. 21 S Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Color	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 11th 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Jacob Robinson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Martha Ross

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Blanch Robinson

(Address) 21 S Duncan St

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem. Date May 3rd 1935

UNDERTAKER Mrs Robert A Ellis Haughton

(Address) 112 Carolina St.

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-17- 1935 to 4-30- 1935

I last saw him alive on 4-29- 1935. Death is said to have occurred on the date stated above, at 3,30 A m.

The principal cause of death and related causes of importance were as follows:

Valvulitis — Date of onset 6

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) ... M. D.

(Address) 611 N Caroline

B 1268-9

12268 F 12268

12268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 614 Freemillow St., 17 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Rosa Lasher

(a) Residence: No. 614 Freemillow St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Lasher

DATE OF BIRTH (month, day, year): 1871

AGE: Years 63; Months; Days; If LESS than 1 day, ..hrs. or ..min.

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country): Va

12. NAME: Henry Nevin

13. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Lucy Myers

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mildred Middleton
(Address): 614 Freemillow

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvery Cem Date: May 4th 1935

19. UNDERTAKER: Mrs Robert Elliott Haughton
(Address): 1129 Maryland Ave.

20. FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): Apr 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..
I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Myocarditis	2 Months

Other contributory causes of importance:

Name of operation ..... Date of ..... No

What test confirmed diagnosis ..... there an autopsy? ..... No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) ..... Coroner ..... M. D.

(Address) .....

D. P. 1268-9

F 12269

12269 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 2 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Sobus

(a) Residence: No. 1735 E. Lombard st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan. 28, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Sobus

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mary Keeper

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date May 6 1935

UNDERTAKER Fred W Orzechowski
(Address) 1900 Eastern Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 2 1935
I last saw h in alive on May 2 1935 Death is said to have occurred on the date stated above, at 10:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M W Jacobsen M. D.

(Address) Baltimore City Hospital

B 1268-9

F 12270

HEALTH DEPARTMENT—CITY OF BALTIMORE

12270

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3910 Dorchester Rd. St., 25 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Mary Ordakowski

(a) Residence: No. 4113 Morrisson Ct. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Louis Ordakowski

DATE OF BIRTH (month, day, year) Dec 8 1894

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40	4	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

NAME John Godlewski

BIRTHPLACE (city or town) (State or country) Poland

MAIDEN NAME Mary Adamkiewicz

BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Louis Ordakowski

(Address) 4113 Morrisson Ct.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross, AACO Date May 4 1935

UNDERTAKER Fred. W Orazewski

(Address) 1930 Eastern Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Surgery 19.... to ....19.... I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Sudden

Duration of each

Other contributory causes of importance:

Name of operation Regulas Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Coroner M. D.

(Address)

B 1268-9

F 12271

HEALTH DEPARTMENT—CITY OF BALTIMORE

12271

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

th of residence in city or town where death occurred ... yrs ... mos ... da. How long in U. S. If of foreign birth? ... yrs ... mos ... da.

FULL NAME Geraldine Franklin

(a) Residence: No. 722 Bradley St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	Col	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) Sept 4-1934

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	7	28	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Falls Mill
(State or country)

NAME Clinton Franklin

BIRTHPLACE (city or Orangeburg S.C.
(State or country)

MAIDEN NAME Thessaline Rizzo

BIRTHPLACE (city Orangeburg S.C.
(State or country)

FORMANT Clinton Franklin
(Address) 722 Bradley

RIAL, CREMATION, OR REMOVAL

Place Mt Zion Date 5-3 ..., 1935

NDERTAKER Pettis R. Williams
(Address) 522 N. Richardson

Registrar

LED ..., 19... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., and last saw h... alive on ..., 19..., Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Coma	

Other contributory causes of importance: None

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) H. Brunk Coroner, M. D.

(Address)

D. P. 1268-9

✓ F 12272

12272 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

1. PLACE OF DEATH Balto. City Hospital - Tuberculosis DIVISION Registered No.

CITY OF BALTIMORE: (No. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julius Jones

(a) Residence: No. 4 N Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Irene

6. DATE OF BIRTH (month, day, year) 6-26-99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Wm. Jones

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rosina Perkins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal of Md Date May 3, 1935

19. UNDERTAKER
(Address)

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-28-35, 19 to 4-28, 1935

I last saw him alive on 4-27, 1935 Death is said to have occurred on the date stated above, at 4 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Meyer W. Jacobson, M. D.

(Address) Balto. City Hospital

F. D. B. 12684

✓ F 12273

12273 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 W. Saratoga St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Lee Carolina Bush

(a) Residence: No. 624 W Saratoga St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of — Newborn

DATE OF BIRTH (month, day, year) May 1, 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Newborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Newborn
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME David Lee Carolina

14. BIRTHPLACE (city or town) (State or country) Richmond Virginia

15. MAIDEN NAME Beatrice Emma Bush

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Beatrice Bush
(Address) 624 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Interred U. of M. Date May 3 1935

19. UNDERTAKER ...
(Address) ...

20. FILED ... Registrar

1021 1346

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to May 2, 1935
I last saw h[illegible] alive on May 2, 1935 Death is said to have occurred on the date stated above, at 2:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 32 wks	
Other contributory causes of importance: Atelectasis Bronchopneumonia	

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) H. Savage, M. D.
(Address) [illegible]

D. B. 1268-9

F 12274

F 12274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-62

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Mattie Hanns

(a) Residence: No. 326 S. Caroline St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/29/80

7. AGE Years	Months	Days	If LESS than 1 day, hrs. min.
25	7	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Walter Hanns

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Mamie Jackson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL:

Place University of Md Date May 3rd 1933

19. UNDERTAKER

(Address)

20. FILED 1933 Registrar

1933 1343 N

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/28, 1930

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1930 to 4/28, 1930

I last saw her alive on 4/28, 1930 Death is said to have occurred on the date stated above, at 8:15 a. m.

The principal cause of death and related causes of importance were as follows:

Pellagra — Duration of onset 1½ yr.

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reiter, M. D.

(Address) Balto City Hosp

H. F. 1268-9

✓ F 12275

12275 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-a-154

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Parker

(a) Residence: No. 247 Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 9, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		20 days	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore Md
(State or country)

12. NAME Reymond Parker

13. BIRTHPLACE (city or town) Covington Ky
(State or country)

15. MAIDEN NAME Mildred Green

16. BIRTHPLACE (city or town) Baltimore md
(State or country)

INFORMANT mother
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 3, 1935

UNDERTAKER [illegible]
(Address)

FILED ... 1935 ... 19 ... By ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9, 1935, to April 30, 1935

I last saw her alive on April 30, 1935. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

prematurity 3 mos

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 0

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth S. Langehilly, M. D.

(Address) Baltimore City Hospitals

H. D. B. 1269-9

12276 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12276

CERTIFICATE OF DEATH

57

1. PLACE OF DEATH Name for Irrevocable

CITY OF BALTIMORE: (No. 40th & Clarmont Road St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mary Johnson Campbell

(a) Residence: No. Name for Irrevocable St., 40th & Clarmont Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of John A. Campbell

DATE OF BIRTH (month, day, year) May 9, 1853

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Frederick County Maryland

13. NAME Rose Johnson

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

15. MAIDEN NAME Maria Louisa Hammond

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Hospital Records

(Address) 40th & Clarmont Rd

18. BURIAL, CREMATION, OR REMOVAL Frederick, Md.

Place Mount Olivet Date 6 May 1935

19. UNDERTAKER Harry E. Carty Co.

(Address) 54 E. Patrick St.

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1933 to May 3 1935

I last saw h&2 alive on May 1 1935. Death is said to have occurred on the date stated above, at 10 to 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic obstruction bronchi	1928
Other contributory causes of importance:	
Chronic interstitial nephritis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) N. Newport Hopkins, M. D.

(Address) 214 Med Arts Bldg.

B 1268-9

12277 F 12277

12277 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1624 Cereal St. St., 25 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harvey J. Franklin.

(a) Residence: No. 1624 Cereal St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of Gertrude Franklin.

DATE OF BIRTH (month, day, year) July 14, 1888

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	9	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pipe fitter.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Virginia.

NAME John Franklin.

BIRTHPLACE (city or town) (State or country) Virginia.

MAIDEN NAME Sarah Boyster.

BIRTHPLACE (city or town) (State or country) Virginia.

INFORMANT Gertrude Franklin.(wife)

(Address) 1624 Cereal St.

BURIAL, CREMATION, OR REMOVAL Date May 4, 1935

Place Edw. Hill

UNDERTAKER George L. Lehnert

(Address) 5501 Frederick ave

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 11.20 a.m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Illuminating gas poisoning.
Suicide.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 5/1/35 19

Where did injury occur? 1624 Cereal st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Gas hose in his mouth.

Nature of injury Gas poisoning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto Kuttroff Coroner, M. D.

5/2/35 (Address) 1017 E. Charles st.

B. B. 1268-9

12278 F 12278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

PLACE OF DEATH
CITY OF BALTIMORE: (No.) Warrington Apartments 3908 N. Charles St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edgar Bernard Browning

(a) Residence: No. 3908 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Letitia Sadler

DATE OF BIRTH (month, day, year) --------

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	---	---	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Edgar Browning

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Elizabeth J. Rodgers

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs. Letitia S. Browning
(Address) 3908 N. Charles Street

BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date 5/4 35

UNDERTAKER Chas. U. Meyer & Son
(Address) 803 W. Baltimore St.

FILED [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2d, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to May 2d 1935

I last saw him alive on May 2, 1935 Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:—

	Date of Onset
Angina Pectoris	Sept. 33
Impairment attacks -	
1st Coronary occlusion	

Other contributory causes of importance:

Last typical attack preceded by epileptic convulsion -
Impairment - beginning 5 years prior to death

Name of operation. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. L. Warfield, M. D.

(Address) 1515 Park Ave.

D. P. 1265-9

2279

F 12279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Virginia Meekins or Harris.

(a) Residence: No. 414 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: Mulatto

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Franklin

DATE OF BIRTH (month, day, year): Nov. 1912.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22.	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Kentucky.

12. NAME: John Kaufman.

14. BIRTHPLACE (city or town) (State or country): Kentucky.

15. MAIDEN NAME: Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country): Ky.

INFORMANT: Husband.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Elizabethtown Ky Date: May 3 1935

UNDERTAKER: Chas. E. Franck

(Address): 818 Madison ave

FILED: 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 4/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/23 1935 to 4/28 1935

I last saw her alive on 4/28 1935 Death is said to have occurred on the date stated above, at 9:15 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Duration 5 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 12280

12280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 36 Abemarle St. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher Fewster

(a) Residence: No. 36 Abemarle St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of: Margeret Fewster

DATE OF BIRTH (month, day, year): Dec. 10-1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME: Goerge Fewster

14. BIRTHPLACE (city or town) (State or country): Balt o. Md.

15. MAIDEN NAME: Catherine Quick

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

INFORMANT: Anne Dawes

(Address) 36 Abemarle St.

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Co. Date: May 4/35 19

UNDERTAKER: Mrs. C. H. Miller & Son

(Address) 2334 Jefferson St.

FILED 1935 Huntington Avenue, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22nd 1935 to May 2nd 1935

I last saw him alive on May 2nd 1935. Death is said to have occurred on the date stated above, at 1.30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	1 yr
Other contributory causes of importance: Senility	

Name of operation none Date of

What test confirmed diagnosis Blood Sugar there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas C. Keen, M. D.

(Address) 408 Park Ave

D. P. 1268-9

12281 ✓ F 12281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 N.Bradford Ave. St., 6 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Egidius Fuchsluger

(a) Residence: No. 131 N.Bradford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Delia Fuchsluger

DATE OF BIRTH (month, day, year) June 10-1864

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Fuchsluger

14. BIRTHPLACE (city or town) (State or country) Not*Known Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Conrad Fuchsluger
(Address) 131 N.Bradford St.

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. May 4/35

UNDERTAKER Wm. C. Miller & Son
(Address) 2334 Jefferson St.

1935 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 - 35 to May 2nd, 35

I last saw him alive on May 2nd 1935 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Arteriosclerosis 97	Cpmt 29 -
Acute Gastro-enteritis 1202	
Cerebral Apoplexy E941	
93.2	
Other contributory causes of importance: Hypostatic Pneumonia	May 30
Pulmonary Edema 111c	

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1564 Hollins Ave

O. B. 1268-9

12282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., (Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs Samuel Briggs

(a) Residence: No. 4626 Resurrection Rd St., Ward. Silver St. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced HUSBAND of (or WIFE of) Stella Briggs.

DATE OF BIRTH (month, day, year) May 7, 1866

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	9	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

7. Industry or business in which work was done, as mill, saw mill, bank, etc. Contractor & Builder

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward H. Briggs

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances Bukwalter

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Edward H. Briggs

(Address) 4626 Resurrection Road

BURIAL, CREMATION, OR REMOVAL Loudon Park. Date May 7, 1935

UNDERTAKER Thanhouser Co.

(Address) 36 15-17 Chatsworth Ave.

FILED ..... 19..., ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to May 1, 1935

I last saw him alive on May 1, 1935 Death is said to have occurred on the date stated above, at 9:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	4/25/35
	acute
Other contributory causes of importance: Hypertension	chronic

Name of operation Prostatectomy Date of 4/24/35

What test confirmed diagnosis? Tissue Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) F. A. Schlack, M. D.

(Address) Church Home & Infirmary

B 1268-9

F 12283

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12283

CERTIFICATE OF DEATH

111-B

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Josephs Hospital St. 25 Ward)

th of residence in city or town where death occurred 16 yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Inez Taylor Hunt Chase

(a) Residence: No. 1930 Chesapeake Ave. Fairfield, Wdd. Balto. City
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	black	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of John Chase

TE OF BIRTH (month, day, year) Nov 22/1913

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	6	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Greenville, S.C.

NAME Elliott Hunt

BIRTHPLACE (city or town) (State or country) Greenville, S.C.

MAIDEN NAME Ellen McDonough

BIRTHPLACE (city or town) (State or country) Greenville S.C.

FORMANT Ellen Poag Mother

(Address) 2326 Fairfield Road.

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 4/5/35 19

NDERTAKER

(Address)

LED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Odema-cause undetermined	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) ..... M. D.

Coroner

(Address) 508 E Fayette

D. P. (File No.) F 12284 ✓ F 12284

95-32

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 10 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Harris

(a) Residence: No. 1107 Ashland Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Lula

6. DATE OF BIRTH (month, day, year) Dec 11 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76 (estimated)	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Unk

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unk

13. NAME Mrs Harris

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date May 5 1935

19. UNDERTAKER Robert Williams

(Address) 1515 McCulloh St

20. FILED May 4 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 9 1935 to May 2 1935

I last saw him alive on May 2 1935. Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung.	Oct. 1934
Lung abscess, secondary to ca.	4/20/35
Other contributory causes of importance:	
Lobar pneumonia, pneumococcus group IV	1/31/35

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stellins M. D.

(Address) The Johns Hopkins Hospital.

D. B. 1268-a

12285

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12285

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St Agnes' Hospital Wilkens & Caton Aves St., 70 Ward)

Length of residence in city or town where death occurred 26 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Clark

(a) Residence: No. 2648 Lauretta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Francis Clarke

DATE OF BIRTH (month, day, year) Oct 13th 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

12. NAME Paul Noonan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs John A. Brown

(Address) 645 N. Bentalou St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Hosp Rd Date 4/6/ 1935

UNDERTAKER John J. Cowan & Son.

(Address) 901 Fallsway

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23 . 1935 to May 3 . 1935

I last saw her alive on May 3 . 1935 Death is said to have occurred on the date stated above, at 8 00 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intercerebellar hemorrhage	
Cavernous thrombosis &	
congestive failure	2 hours
Other contributory causes of importance:	
senility	
Cerebral & generalized arteriosclerosis	7 years

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Carl E Merkel M. D.

(Address) St Agnes Hosp

C.—1-30—M. & T.—250 Blks.

F 12286 ✓ F 12286

HEALTH DEPARTMENT—CITY OF BALTIMORE

34-J. 93-C

CERTIFICATE OF DEATH.

REGISTERED NO. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

TY OF BALTIMORE: (NO. 1406 Bonn Ct ST., 19 WARD)

2-FULL NAME Walter Reddick

(a) RESIDENCE NO. 1406 Bonn Ct ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 36 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Laura Reddick

ATE OF BIRTH (month, day, and year) Nov. 16, 1898

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	5	14	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lab

(b) General nature of Industry, business, or establishment in which employed (or employer) —

(c) Name of employer Filbert's Buttons

RTHPLACE (city or town) Balto. Md.
(State or country)

0 NAME OF FATHER John Reddick

1 BIRTHPLACE OF FATHER (city or town) Va.
(State or country)

2 MAIDEN NAME OF MOTHER Mary Davis

3 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Laura Reddick
(Address) 1406 Bonn Ct.

Filed _____, 19__ _____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) April 30, 1935

17 I HEREBY CERTIFY, That I attended deceased from April 12, 1935, to April 30 1935, that I last saw h[illegible]ive on April 30, 1935, and that death occurred, on the date stated above, at 10.30 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) ... yrs. 2 mos ... ds.

CONTRIBUTORY (Secondary) Tracheobronchitis

(duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? No Date of _____

Was there an autopsy? No

What test confirmed diagnosis? Clinical, Lab.

(Signed) H. Marcia Wilkins, M. D.

, 19 (Address) 1720 Madeira

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 4, 1935

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 322 [illegible] Schroeder

D. B. 12684 F 12287 ✓ F 12287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hospital, St., 47 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Alice Pickens

(a) Residence: No. 1235 Argyle st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Augusta Ga.
13. NAME William Pickens
14. BIRTHPLACE (city or town) (State or country) Augusta Ga
15. MAIDEN NAME Nancy Williams
16. BIRTHPLACE (city or town) (State or country) Augusta Ga.
17. INFORMANT Georgia M. Brown
(Address) 1124 Mosher st

18. BURIAL, CREMATION, OR REMOVAL
Place Augusta, Ga. Date May 4, 1935
19. UNDERTAKER Mrs Katie R Williams
(Address) 322 1/2 Butler Ave Augusta Ga.
20. FILED 5-6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-29, 1935 to 5-2, 1935
I last saw h[illegible] alive on 5-2, 1935 Death is said to have occurred on the date stated above, at 4:15 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Infected Polycystic Kidney; left	3-21-35
Septicemia	4-26-35

Other contributory causes of importance:

Name of operation Nephrectomy Date of 4-15-35
What test confirmed diagnosis? Hord autopsy? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George E. Brayton Jr. M. D.
(Address) University Hospital

D. B. 1265-9

F 12288

HEALTH DEPARTMENT—CITY OF BALTIMORE

12288

CERTIFICATE OF DEATH

✓ 34-J-95-B

Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 21 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Cornish.

(a) Residence: No. 445 N Henrietta St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/10/1900.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34.	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Wm.

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Mary Parker.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Rhoda Bell.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Ct—Date 5/6 1930

18. UNDERTAKER Harold L Brown—Son

(Address) 108 W Monty Ave Towson Md

FILED 1925 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1930

22. I HEREBY CERTIFY, That I attended deceased from 4/19 1930 to 5/2 1930

I last saw him alive on 5/2 1930. Death is said to have occurred on the date stated above, at 3.20 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Hypertension Headdisease	11 Sep.

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268-9

12289

HEALTH DEPARTMENT—CITY OF BALTIMORE 12289

CERTIFICATE OF DEATH

J 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1104 N Monroe St., 16 Ward)

gth of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? yrs mos ds. 83 2 16

FULL NAME Mary Englar Stibberd

(a) Residence: No. 1104 N. Monroe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Eli M. Hibberd

ATE OF BIRTH (month, day, year) Feb 17 1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	2	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

12. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) New Windsor Carroll Co. Md.

13. NAME Mortimer Englar

14. BIRTHPLACE (city or town) (State or country) Carroll Co Md

15. MAIDEN NAME could not ascertain

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

INFORMANT Mr. E. P. Hibberd (Son)

(Address) 1104 N Monroe St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date May 4 1935

UNDERTAKER Stewart Mortuary Co.

(Address) 1300 Pennsylvania Ave.

FILED 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1 1934 to 5/3 1935

I last saw her alive on May 2/35 19 Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	
Hypertension	1934
Other contributory causes of importance:	
Hyp. cardiac	1934

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos A Carlin M. D.

(Address) 2145 N Bolton St

F 12290

F 12290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1137 S. Charles St., 23 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Richard F. Eyles

(a) Residence: No. 1137 S. Charles St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: W | 5. Single, Married, Widowed or Divorced (write the word): Married

If married, widowed or divorced, HUSBAND of: Sadie L. Taylor

DATE OF BIRTH (month, day, year): May 3, 1884

AGE: Years: 50 | Months: 11 | Days: 29 | If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dentistry

8. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 55

9. BIRTHPLACE (city or town) (State or country): Md.

10. NAME OF FATHER: Thomas Eyles

11. BIRTHPLACE (city or town) (State or country): Md.

12. MAIDEN NAME OF MOTHER: Frances Hawkins

13. BIRTHPLACE (city or town) (State or country): Md.

14. INFORMANT: Richard F. Eyles

(Address) 1137 S. Charles St.

15. BURIAL, CREMATION, OR REMOVAL: Dealtonsville Md. May 5, 1935

16. UNDERTAKER: Edward J. Geyer

(Address) 1818 E. Baltimore St.

17. FILED: 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 2, 1935

I last saw him alive on May 2, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchial asthma	24 hrs.
Other contributory causes of importance: Chronic Cardiac Hypertrophy	10 yrs

Name of operation: None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Henry Theodore Thunder, M.D.

(Address) 923 Hamilton

D. B. Pos. F 12291 F 12291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Curtis Harmon Barror

(a) Residence: No. Bedford, Va. Rt #1 St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov 19-1912

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) W. Va -
(State or country)

13. NAME W a Barror

14. BIRTHPLACE (city or town) W. Va
(State or country)

15. MAIDEN NAME Dorsey Harmon

16. BIRTHPLACE (city or town) W. Va
(State or country)

INFORMANT Brother
(Address) Curtis Barror

BURIAL, CREMATION, OR REMOVAL Date May 6 '35
Edgewood Pa

UNDERTAKER William Cook
(Address) 1217 St. Paul St

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 3 35

22. I HEREBY CERTIFY, That I attended deceased from 4.22 1935 to 5 3 1935

I last saw him alive on 5 3 35 Death is said to have occurred on the date stated above, at 202 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, rheumatic	4.21

Other contributory causes of importance:

Rheumatic heart disease

Name of operation 0 Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. Allison M. D.

(Address) U. V. M. H.

O. B 1268-9

F 12292

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12235

46-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 231 S. High St., 5 Ward)

gth of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME John Marranozzi - Marinozzi

(a) Residence: No. 231 S. High St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
nal	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Adaline Marranozzi

ATE OF BIRTH (month, day, year) April 15, 1872

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0 60		17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

9. NAME Carmelia Marranozzi

10. BIRTHPLACE (city or town) (State or country) Italy

12. MAIDEN NAME Mitnaven

13. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Adaline Marranozzi

(Address) 231 E. High St

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross - Date May 4, 1935

UNDERTAKER Wendell J. Trippi

(Address) 1906 Eastern Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Hist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) E. Patterson M.D. Coroner, M. D.

(Address) 1305 N Patterson Park Ave

D. P. H. F. 12293

F 12293

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Zyomek

(a) Residence: No. 335 S Robinson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 2, 1935

7. AGE: Years | Months | Days: 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Peter Zyomek

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Mary Penczek

16. BIRTHPLACE (city or town) (State or country): Poland

INFORMANT: Pete Zyomek

(Address): 335 S Robinson St

BURIAL, CREMATION, OR REMOVAL

Place: St Stanislaus Date: May 4, 1935

UNDERTAKER: H W Ozarowski

(Address): 1930 Eastern Ave

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2nd, 1935, to May 4th, 1935.

I last saw him alive on May 4th, 1935. Death is said to have occurred on the date stated above, at 6 17 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	5/2/35
Congenital Heart Disease	5/2/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John M. Sprunt, M. D.

(Address) Johns Hopkins Hospital

B. 1268-9

F 12294

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) West Baltimore General Hospital St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Stanley Sundergill

(a) Residence: No. Urianville, Frederick Co., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Bettie

DATE OF BIRTH (month, day, year): 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Revenue Collector

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: U.S. Samuel, Jr.

8. Date deceased last worked at this occupation (month and year): 0 0

11. Total time (years) spent in this occupation: 0

9. BIRTHPLACE (city or town) (State or country): Frederick Co., Md.

10. NAME: Joshua Sundergill

11. BIRTHPLACE (city or town) (State or country): Frederick Co., Md

12. MAIDEN NAME: Cornelia Wooden

13. BIRTHPLACE (city or town) (State or country): Frederick Co., Md

14. INFORMANT: C. E. Ensor (brother-in-law)

(Address): New Windsor

15. BURIAL, CREMATION, OR REMOVAL

Place: Lyons Cemetery Date: May 7, 1935

16. UNDERTAKER: D. D. Rafferty

(Address): New Windsor Md.

17. FILED: 1935 [illegible], Registrar.

0 W

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/4/35
Automobile Accident	5/4/35

Other contributory causes of importance:

Name of operation: none Date of: —

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury, 5/4, 1935

Where did injury occur? Market 242 Liberty St. Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Street

Manner of injury: Auto while he was doing

Nature of injury: collided with another

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) John F. Downs, M. D.
Coroner

(Address) 2200 E. Monument St.

B. 1268-9

F 12295

12295 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Sinai Hospital St., V Ward)

th of residence in city or town where death occurred 32 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Rose Posner

(a) Residence: No. 1191 Wolfe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married.

married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin

ATE OF BIRTH (month, day, year) 1875

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 059

9. BIRTHPLACE (city or town) (State or country) Poland

10. NAME Samuel Locks

11. BIRTHPLACE (city or town) (State or country) Poland

12. MAIDEN NAME Sophia Leah

13. BIRTHPLACE (city or town) (State or country) Poland

14. INFORMANT Benjamin Posner

(Address) 1191 Wolfe St

15. BURIAL, CREMATION, OR REMOVAL Date May 5, 1935

16. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

17. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to May 4, 1935

I last saw her alive on May 4, 1935. Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Cerebral Hemorrhage	
Bronchopneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) L. Katzenstein, M. D.

(Address) Sinai Hospital

D. H. 1268-9

F 12296

2296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balt General St., [illegible] Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Lebowitz

(a) Residence: No. 1603 Eutaw Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Hyman Lebowitz

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Yetta ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 5/5/35 19
Shaarei Zedek

19. UNDERTAKER Jack Lewis Inc
(Address) 1739 E. Baltimore St.

20. FILED [illegible] Registrar

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1935, to May 4, 1935

I last saw him alive on May 4, 1935 Death is said to have occurred on the date stated above, at 10:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign Prostatic Hypertrophy	?
Bronchial Pneumonia	4/20/35
Other contributory causes of importance:	
Parkinsons Disease	?

Name of operation Prostatectomy Date of 4/23/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Earle B. Wilder M. D.

(Address) West Balto. Gen. Hosp.

B 1268-9

F 12297

12297 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) W. Balto Hosh St., 6 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Dora Kurtz

(a) Residence: No. 32 W. Pattesons Park Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel

DATE OF BIRTH (month, day, year) 1862

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	27	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

NAME Moses

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Pearl

BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hosp Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Date 5/8/35, 19

UNDERTAKER Jack Levin Inc

(Address) 1439 E Balto St

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
6 months	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

Coroner

(Address) Coroner

D. P. 1268-9
2298

F 12298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1116 E. Lombard St., 3 Ward)

gth of residence in city or town where death occurred ✓0 yrs. mos. ds. How long in U. S. If of foreign birth ✓0 yrs. mos. ds.

FULL NAME Fannie Magee

(a) Residence: No. 1116 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Samuel

ATE OF BIRTH (month, day, year) 1862

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Louis Sugar

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Stoller

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Trustee
(Address)

BURIAL, CREMATION, OR REMOVAL
Date 5/5/35 19

UNDERTAKER Jack Levin Inc
(Address) 1439 E. Balto. St

FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 25 to May 4 ..... 19 35

I last saw h alive on May 4 ..... 19 35. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr.
Other contributory causes of importance:	
Diabetes Mellitus	12 years

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Isidor L. Levy, M. D.

(Address) 2324 Eutaw Place

B 1268-9

F 12299

2299 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

122-a

Registered No.

PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) W. Balto New York St., 12 Ward)

(If not in city or town where death occurred, give length of residence in city or town) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Spies

(a) Residence: No. 3049 St Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE~~ of) Amelia K Spies

7. DATE OF BIRTH (month, day, year) Oct 22nd 1866

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	68	5 6	12	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marble Setter

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0076

11. Total time (years) spent in this occupation 40

12. Date deceased last worked at this occupation (month and year) April 1935

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. NAME OF FATHER Lewis Spies

15. BIRTHPLACE (city or town) (State or country) Md.

16. MAIDEN NAME OF MOTHER Mary E. Stengel

17. BIRTHPLACE (city or town) (State or country) Md

18. NAME OF INFORMANT Alice Kries

(Address) 3044 St Paul St

19. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 7th 1935

20. NAME OF UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th (Sat.) 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Intestinal Obstruction	
Other contributory causes of importance: Strangulated Hernia	

Name of operation Por Herniam Date of May 4th

What test confirmed diagnosis Regular Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address) ... Coroner

F 12300

D. B. 1268-9

12300 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 120 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. 6 mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hopman Peters

(a) Residence: No. 1920 Aisquith St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 23, 1905

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Weaver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Textiles
10. Date deceased last worked at this occupation (month and year) 5 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Hopman G. Peters

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Ford

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date May 7th 1935
Place Mt Olivet

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2 1935 to May 4 1935
I last saw him alive on May 4, 1935, 9:25 a.m. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Ulcer Descending Colon	5-2-34
Other contributory causes of importance: Generalized Peritonitis	5-2-34

Name of operation Exp. Lap. Colostomy Date of 5-2-34
What test confirmed diagnosis? Surgical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel H. Ford M. D.
(Address) Balto City Hospitals

D. R. 1263-9

12301 E 12301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 N. Calvert St., 5th Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carey V. Thorne

(a) Residence: No. 1305 N. Calvert St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Eltona B.

6. DATE OF BIRTH (month, day, year) Jan 24-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	2 3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. High School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5068

10. Date deceased last worked at this occupation (month and year) 2.

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Elbert Thorne

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME Hannah Whiteson

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Eltona Whiteson

(Address) 1305 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudoun Pk. Date 5 6 35

19. UNDERTAKER Williams & Cook

(Address) 1217 St Paul St

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from . 1932 to May 4 . 1935

I last saw him alive on May 3 . 1935 Death is said to have occurred on the date stated above, at 9:5 A m.

The principal cause of death and related causes of importance were as follows:

Generalized arteriosclerosis, cerebral arteriosclerosis

Date of onset

Other contributory causes of importance:

Terminal pneumonia

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury . 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify .....

(Signed) Tom Worden . M. D.

(Address) 1031 E Baltimore St

D. B. 1268-9

F 12302

12302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2140 Hollins St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia L. Schaefer

(a) Residence: No. 2140 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX (Female)

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Albert A. Schaefer

DATE OF BIRTH (month, day, year) November 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1039

10. Date deceased last worked at this occupation (month and year) Sept 1928

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Geo W. Krapp

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Pearl E. Krapp

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Albert Schaefer

(Address) 2140 Hollins St

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 8th 1930

UNDERTAKER W. E. Pohl & Bro

(Address) 1217 St Paul St

FILED 1930 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1930

22. I HEREBY CERTIFY, That I attended deceased from Jan 1932 to 4 May 1930

I last saw her alive on 4 May 1930 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis	1929 (?)
Other contributory causes of importance: Myocarditis	1932 ?

Name of operation None Date of

What test confirmed diagnosis? Physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. Bruce Shaefer M. D.

(Address) 2565 Frederick Ave

B 1268-9

12303 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12303

CERTIFICATE OF DEATH

1152

PLACE OF DEATH

CITY OF BALTIMORE: (Mid Gen Hosp St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Harry Buckingham

(a) Residence: No. 1823 W. Fulton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes M.

6. DATE OF BIRTH (month, day, year): Sept 18-1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Butcher

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retail store

Date deceased last worked at this occupation (month and year): April 1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME OF FATHER: Alfred Buckingham

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME OF MOTHER: Emma Wolfe

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Hosp Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: May 6 1935

19. UNDERTAKER: Wm Cook

(Address): 1207 St Paul St

19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of R Leg,	
Septicemia	3 weeks

Other contributory causes of importance:

Cardiac Decompensation 2 Days

Name of operation: Regular Date of

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Frick Coroner M. D.

(Address) Catonsville

D. B. 1268-9

F 12304

12301 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Gen. Hosp. St., 22 Ward)

CITY OF BALTIMORE: (No.) Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. J. Frank Crowther

(a) Residence: No. 2722 Cheswolde Rd. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Annie Crowther

6. DATE OF BIRTH (month, day, year) March 13, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 1916

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contractor + Builder

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balt., Md.

13. NAME Joshua Crowthers

14. BIRTHPLACE (city or town) (State or country) Balt. Co., Md.

15. MAIDEN NAME Altha Redden

16. BIRTHPLACE (city or town) (State or country) Eastern Shore, Md.

INFORMANT Hosp. records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 6 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from March 31 1935 to May 3 1935

I last saw h alive on May 3 1935 Death is said to have occurred on the date stated above, at 9:04 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	1935
Myocardial failure	4-30-35

Other contributory causes of importance:

Name of operation Laparotomy Date of 4-18-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John W. Garnett, M. D.

(Address) Maryland General Hosp

c.—1-12-23—M&T—500 Blks.

F 12305

F 12305 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 131

CERTIFICATE OF DEATH.

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

ITY OF BALTIMORE: (No.) 3522-E-Fairmount av 26 (ST.) (WARD)

2-FULL NAME Alice-A-Heffner

(a) RESIDENCE NO. 3522-E-Fairmount Ave. (ST.) WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: F

4 COLOR OR RACE: W-

5 ~~Single, Married, Widowed, or Divorced, (write the word)~~: Widow.

If married, widowed, or divorced ~~DESERTED by~~ (or) WIFE of: George-H.effner

DATE OF BIRTH (month, day, and year): Sept 2/1882.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52.	8	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at Home.

(b) General nature of industry, business, or establishment in which employed (or employer): 1037

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harford-Co

10 NAME OF FATHER: Horton-Mitchell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Harford Co

12 MAIDEN NAME OF MOTHER: Fadie F-Flaherty

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Harford Co

Informant: Carroll Dennis
(Address): Havre-De-Grace.

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 5/35 1935

17 I HEREBY CERTIFY, That I attended deceased from 5/9, 1935, to 5/5, 1935

that I last saw her alive on 5/4, 1935

and that death occurred, on the date stated above, at 6 40A m.

The CAUSE OF DEATH* was as follows:

Acute Dilatation of Heart

(Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(Duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?.....

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wright S Fiddes M. D.

5/5, 1935 (Address) 3323 E Baltimore St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Rock Run-Harford Co

DATE OF BURIAL: May 8/ 1935

20 UNDERTAKER: R. M. Mitchell Havre-De Grace

ADDRESS: 1900 Eutaw Place

D. F. 1268-9

F 12306

1230(HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Gray

(a) Residence: No. 2113 E. Eager St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 5 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
22	22	11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Gray

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rose Williams

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT South Balto. General Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem Date May 7 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 233 E Fayette St

20. FILED ... 5 ... Registrar.

1935

6 April

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1935, to 5-4, 1935

I last saw him alive on 5-4, 1935 Death is said to have occurred on the date stated above, at 5:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. N. Garkel M. D.

(Address) South Baltimore General

D. B 1268-9

F 12307

12307 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 36

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. City Hospital St., 76 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Hoffman Jr

(a) Residence: No. 3401 E Baltimore St Highland apartment St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Cora E Hoffman

TE OF BIRTH (month, day, year) May 27 1896

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
8	38	11	5	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

Date deceased last worked at this occupation (month and year) 0109

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

NAME John Hoffman

BIRTHPLACE (city or town) (State or country) Balto Md

MAIDEN NAME Laura Dranbauer

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Cora E. Hoffman

(Address) 3401 E. Baltimore St.

RIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date May 6, 1936

NDERTAKER Mrs. C. Miller & Son

(Address) 233 E Jefferson St

LED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Septicaemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, ... (Signed) H. Leroy Reams M. D. Coroner

(Address) 1305 N Patterson Park Ave

D. P. 1268-9

Henson?

F 12308

12308 HEALTH DEPARTMENT—CITY OF BALTIMORE

V 53-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hosp

CITY OF BALTIMORE: (No. 103 St., 19 Ward)

Length of residence in city or town where death occurred 1 yrs. 20 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evelyn (Hall) Hearn

(a) Residence: No. 1013 Virginia Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Henson

6. DATE OF BIRTH (month, day, year): 1915

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	20			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ...

10. Date deceased last worked at this occupation (month and year): ... | 11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Howard Hall

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Isabelle Jones

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Fannie Tree (Sister)

(Address) 2614 Huron St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 6. 1935

19. UNDERTAKER: V. A. Brooks

(Address) 1423 N. Carey St

20. FILED ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-15 [redacted], 1935, to 5-2-, 1935

I last saw her alive on 5-2-, 1935. Death is said to have occurred on the date stated above, at 4:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spindle cell sarcoma	
Fibrosiliata Rt	1928
Pulmonary	
Bony metastases	1937
Other contributory causes of importance:	
Secondary anemia	1935

Name of operation Exploration Date of 1932

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Arthur D Levinsky M. D.

(Address) University Hospital

D. P. 1268-9

F 12309

12309 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 5009 Grindon Ave. (Ward) 27

Length of residence in city or town where death occurred 70 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miximilian Schanze

(a) Residence: No. 5009 Grindon Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine Schanze

6. DATE OF BIRTH (month, day, year) June 6, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1058

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Helwig Schanze

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Amelia Plitt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Geo. L Schanze 914 Franklintown Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date May 6, 1935

19. UNDERTAKER (Address) Robert S. Little 2700 Edmondson Ave.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to May 3, 1935.

I last saw him alive on May 2, 1935. Death is said to have occurred on the date stated above, at 11 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 27 1935

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J S Harding, M. D.

(Address) 4810 Belair Rd

D. B. 1265-9

F 12310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12310

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 12 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME WILLIAM FINN

(a) Residence: No. 3044 Abell Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) Feb. 20th, 1875.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	2	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired City Laborer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 9040

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME David Finn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Margaret Welsh

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Ella Langan
(Address) 3044 Abell Avenue

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date May 7 1935

UNDERTAKER Chas. Grace & Son
(Address) Maud Keyser Ave

FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/35 . 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset

Other contributory causes of importance:

Chr Nephritis (reported 2-3 yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.
Coroner

(Address)

D. P. 1268-9

F 12311

12311 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1627 Normal Avenue St., 8 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME LOUISE PALARDY

(a) Residence: No. 1627 Normal Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Francis X. Palardy

DATE OF BIRTH (month, day, year) March 9, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New York

12. NAME DeCelle

13. BIRTHPLACE (city or town) (State or country) Canada

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Canada

INFORMANT Howard Palardy
(Address) 1635 Normal Avenue

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 6, 1935

UNDERTAKER Chas F. Grauerholz
(Address) 1111 Mt Royal Ave

Huntington Williams, M.D.
Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1925 to May 3rd, 1935

I last saw her alive on May 3rd, 1935. Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Acute Congestive Heart Failure due to Chronic Interstitial Nephritis & Coronary Disease.	

Other contributory causes of importance:
Arterio-sclerosis of Peripheral Vessels & Coronary Vessels.

Name of operation No operation Date of —

What test confirmed diagnosis (—) Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Grant M. D.

(Address) 3800 Granada Ave.

D. B. 1268-9

F 12312

12312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 226 N Carey St. 19 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Mason

(a) Residence: No. 226 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Mason

6. DATE OF BIRTH (month, day, year): 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Va

INFORMANT: Anna Robinson
(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Johnson County Date: 5/6 19 35

UNDERTAKER: Walter B. Spriggs

(Address) 89 Wilkinson St.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 — 1935

22. I HEREBY CERTIFY, That I attended deceased from April 9 1935 to May 3 1935

I last saw him alive on May 3 1935 Death is said to have occurred on the date stated above, at 1.20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatism Chronic	
Other contributory causes of importance:	

Name of operation: Date of

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Coleman M. D.

(Address) 2139 McCulloh

D. B. 1268-9

F 12313

12313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2922 N. Rogers Ave St. 27 Ward)

Length of residence in city or town where death occurred 77 yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Griffiths

(a) Residence: No. 2922 N. Rogers Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of William Griffiths

6. DATE OF BIRTH (month, day, year) Sept 4 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	8		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Garratt

14. BIRTHPLACE (city or town) (State or country) Bristol England

15. MAIDEN NAME Margaret Thomas

16. BIRTHPLACE (city or town) (State or country) Llanelly Wales

17. INFORMANT (Address) William L. Griffiths 3926 Fernhill Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Cem. Date May 6 1935

19. UNDERTAKER Henry Allmand & Son
(Address) 4204 Ridgewood Ave.

20. FILED 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1934 to May 4 1935

I last saw her alive on May 3 1935 Death is said to have occurred on the date stated above, at 9.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracerebral hemorrhage.	
Hypertension.	
Chronic Myocardial disease.	1934
Exhaustion, senile.	
Gradual decompensation	12-1-34

Other contributory causes of importance: —

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wesley Cole, M. D.

(Address) 2202 Harrison

D. B. 1268-9

F 12314

314 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 17 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Price

(a) Residence: No. 530 W. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nellie

DATE OF BIRTH (month, day, year) 4/5/1895

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39.	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

12. NAME Charles Patrick

13. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Betty

16. BIRTHPLACE (city or town) (State or country)

INFORMANT X.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place [illegible] N.C. Date 5/7/35 19

UNDERTAKER [illegible]

(Address)

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/1 1935 to 5/3 1935

I last saw him alive on 5/3 1935. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

D. B. 1268-9

✓ F 12315

2315

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St. 14 Ward) 12

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ralph Hall

(a) Residence: No. 417 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Hall

6. DATE OF BIRTH (month, day, year) ? 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Wesley Hall

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Maggie Ennis

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date [illegible] 1935

19. UNDERTAKER [illegible]

(Address)

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28th 1935 to May 3rd 1935.

I last saw him alive on May 3rd 1935. Death is said to have occurred on the date stated above, at 7:40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholecystitis	4-10 35
Paralytic Ileus	5-1 35

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 4-29-35

What test confirmed diagnosis? Surgical & Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Gant M.D.

(Address) Baltimore City Hospitals

D. P. 1268-9

F 12316

12316 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 102 S. Catherine St. St. 20 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis. Kutz.

(a) Residence: No. 102 S. Catherine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Weinhold

6. DATE OF BIRTH (month, day, year) March 17. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 6040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crop Work. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) France

13. NAME Louis Kutz

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Margaret Kutz

(Address) 102 Catherine St

18. BURIAL, CREMATION, OR REMOVAL

Place Westen Date May 7. 1935

19. UNDERTAKER Chas L Stevens

(Address) 1501 E. Fort Ave.

20. FILED ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from 4.27.32 19 to 5.3.35 19

I last saw him alive on 5.3.35 Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	5.3.35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify.

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

Co. 5-H 250B

F 12317

HEALTH DEPARTMENT—CITY OF BALTIMORE

2317

82-B

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2423 Jenca Road, 21 Ward)

gth of residence in city or town where death occurred 49 yrs. mos ds. How long in U.S. if of foreign birth? 49 yrs mos ds.

FULL NAME Gesche Augusta Miedwig

(a) Residence: No. 2423 Kenwood Road, Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Andreas Miedwig

DATE OF BIRTH (month, day, year) Oct 31-1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	4 3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Schleswig Holstein Germany

13. NAME Joachim Ronde

14. BIRTHPLACE (city or town) (State or country) Schleswig Holstein Germany

15. MAIDEN NAME Von Plan

16. BIRTHPLACE (city or town) (State or country) Schleswig Holstein Germany

INFORMANT Granddaughter

(Address) 2423 Kenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 6. 1935

UNDERTAKER Forde F. Burgee

(Address) 3631 Falls Road

Filed May 7, 1935 H. Fisher Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11th, 1935, to May 4th, 1935.

I last saw her alive on May 3rd, 1935, death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Advanced Nephritis Delirium	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Samuel T. Culver M. D.

(Address) 5611 Old Frederick Rd

B 1268-9

12318 F 12318

12318 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.....

PLACE OF DEATH

Y OF BALTIMORE: (No. University Hospital St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Robert J. Moore

(a) Residence: No. 414 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	?

married, widowed, or divorced
HUSBAND of
(or) WIFE of

TE OF BIRTH (month, day, year) 1873

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0087

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Ga

NAME

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME

BIRTHPLACE (city or town) (State or country)

FORMANT Hospital Record
(Address)

RIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date May 6, 1935

NDERTAKER Margaret L. Flynn
(Address) 210 N. Fulton St.

LED ..... 1935 ..... Registrar.

R. M. F.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Apoplexy.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Eugene Zellers, M. D.
Coroner

(Address) 2703 Eastern Ave.

D. B. 1268-9

✓ F 12319

HEALTH DEPARTMENT—CITY OF BALTIMORE

12319

CERTIFICATE OF DEATH

X 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sister M. Bertrand

(a) Residence: No. St. Genevieve's 5th & McClay St., Harrisburg, Pa. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0065

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn.

13. NAME Charles Crawford

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Martha Moore

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Hospt Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Harrisburg Penn 6/6—1935

19. UNDERTAKER Geyer & Stanley
(Address) Fulton & Fayette

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 1935 to 5/4/35, 19...

I last saw her alive on 5/4/35, 19... Death is said to have occurred on the date stated above, at 5.35 p.m.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease — Date of onset 3/10/35?

Cerebral Embolism.

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith, M. D.

(Address) Mercy Hospital

D. P. 1268-3

F 12320

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12320

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (a) Maryland General Hospital (b) Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Mayon Johnson

(a) Residence. No. 3302 Clifton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Gertrude McMew-Johnson

DATE OF BIRTH (month, day, year) July 8, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Electric Supplies.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge, Md.

13. NAME Joseph Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Dorchester Co, Md.

15. MAIDEN NAME Fannie Manning

16. BIRTHPLACE (city or town) (State or country) Fredricksburg, Va.

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Cambridge Md. Date May 9 1935

UNDERTAKER John J. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED MAY 6 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935 to May 5, 1935

I last saw him alive on May 5, 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	4-29-1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify.

(Signed) David Elliott Babcock M. D.

(Address) Md General Hospital

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12321

2321

CERTIFICATE OF DEATH

94-8

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Sinai Hospital St., 6 Ward)

gth of residence in city or town where death occurred 5 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jacob Schmarty

(a) Residence: No. 16 N. Stanford Ave (Montford) St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	W	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Sophie

TE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Tailor

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

NAME Harry Schmarty

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Anna

BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Hyman S. Schmarty

(Address) 175 N. Patterson Park Ave

URIAL, CREMATION, OR REMOVAL

Place Rosedale Date 5-6-35, 19

NDERTAKER Jack Levin Inc

(Address) 1432 E. Balto St.

LED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above at 3 P.M. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause (Violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address) 508 E Monument

D. P. 1268-9

322

HEALTH DEPARTMENT—CITY OF BALTIMORE

12322

CERTIFICATE OF DEATH

87-W

. PLACE OF DEATH

TY OF BALTIMORE: (No. 4019 Banner Rd Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred 3 yr mos. ds. How long in U. S. If of foreign birth? 3 yr mos. ds.

. FULL NAME Samuel Krieger

(a) Residence: No. 4019 Banner Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Krieger

ATE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakeries

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Krieger

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rachael

16. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Katie Krieger

(Address) 4019 Banner Rd

BURIAL, CREMATION, OR REMOVAL

Place Westh Rd Date 5-6-35 19

NDERTAKER Joel Lewis Sons

(Address) 1439 E. Baltimore St.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 , 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 , 1935 to May 5 , 1935

I last saw her alive on May 5 , 1935. Death is said to have occurred on the date stated above, at 3:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 3, 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Bailey M. D.

(Address) 1717 Madison Ave

F 12323

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12323

CERTIFICATE OF DEATH

59

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? 55 yrs. mos. ds.

FULL NAME Jacob Radcloff

(a) Residence: No. 1400 Druid Hill Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced WIFE of (or) HUSBAND of Jennie Radcloff

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Not Known

12. BIRTHPLACE (city or town) (State or country) Russia

13. MAIDEN NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. INFORMANT Hospital Records

(Address)

16. BURIAL, CREMATION, OR REMOVAL New Washington Cem Date 5-8-35

17. UNDERTAKER Jos. Levy Inc

(Address) 1429 [illegible]

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1935 to May 5th 1935.

I last saw h. alive on May 5 1935. Death is said to have occurred on the date stated above, at 8 5th a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac failure — Date of onset May 4

Other contributory causes of importance:

Diabetes Sangene

Toxemia

Name of operation Amputation of Thigh Date of May 4th

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Adolph C. Kalisch, M. D.

(Address) Sinai Hosp.

D. P. 1268-9

✓ F 12324

HEALTH DEPARTMENT—CITY OF BALTIMORE

12324

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1748 Bank St. St., 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie M. Ford

(a) Residence: No. 1748 Bank St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Apr 16 - 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67		16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME OF FATHER Thomas G. Ford

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Elizabeth Cannon

16. BIRTHPLACE (city or town) (State or country) Ire.

INFORMANT John F. Ford

(Address) 1748 Bank St

BURIAL, CREMATION OR REMOVAL

Place New Cathedral Date May 4, 1935

UNDERTAKER John F. Mundy

(Address) 3002 E. Baltimore St.

FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2/ , 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 20 , 1935 to May 2 , 1935

I last saw her alive on May 1 , 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 4/24/35
Myocarditis — Abt 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] , M. D.

(Address) 730 E. Pattenson Park Ave.

1048

D. B. 1268-9

325 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 12325

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Zimmerman

(a) Residence: No. 1437 Patapsco St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Harveys

DATE OF BIRTH (month, day, year) 1802.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53.			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Charwoman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) Oct 30

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME John Sellner.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Barbara ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Rev. Beth.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 7 . 1935

UNDERTAKER Margaret E. Flynn

(Address) 1422 Eutaw St.

Filed AUG 6 - 1935 Registrar of Vital Statistics, Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 . 1932 to 5/3 . 1935

I last saw her alive on 5/3 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral hemorrhage	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

D. P. 1268-9

2326

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12326

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. [illegible] St., [illegible] Ward)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Nichols

(a) Residence: No. 9 W. Fayette Randall Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Nichols

DATE OF BIRTH (month, day, year) Jan 14 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Balto. Md

12. NAME OF FATHER John Nichols

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Lauenstein Hubbard

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date May 8 1935

UNDERTAKER Vincent G Flynn

(Address) 1322 Light St.

FILED [illegible] 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to May 5 1935

I last saw him alive on May 4 1935 Death is said to have occurred on the date stated above, at 2:03 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Nephritis, Chronic	?
Contributory cause of importance: Bronchio-pneumonia	5/3/35

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Gant M. D.

(Address) Balto City Hosp.

D. P. 1268-9

12327 ✓ F 12327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 19 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lulabelle Price

(a) Residence: No. 1719 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of: George Price

DATE OF BIRTH (month, day, year): 6/5/1905.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29.	10	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): S. Car.

13. NAME OF FATHER: Will Chaxpus.

14. BIRTHPLACE (city or town) (State or country): Spain

15. MAIDEN NAME OF MOTHER: Mary Butler

16. BIRTHPLACE (city or town) (State or country): S. C.

INFORMANT: Records Bch.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date May 6 1935

UNDERTAKER: Robert Brooks & Son
(Address) Calhoun & Baltimore Sts

MAY 6 - 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/9, 1935 to 5/4, 1935

I last saw her alive on 5/4 1935 Death is said to have occurred on the date stated above, at 6 44 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis 5 uremia.	6 wks

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

F 12328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 Hanover St., 12 Ward)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William A. Bell

(a) Residence: No. 1318 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Susie G. Bell

6. DATE OF BIRTH (month, day, year): Nov 15 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	5	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Government

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

13. NAME of father: Alford Bell

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME of mother: Martha Horton

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Susie G. Bell

(Address): 1318 Hanover St

BURIAL, CREMATION, OR REMOVAL

Place: Cedar Hill Date: May 8 1935

UNDERTAKER: John F. Henry

(Address): 715 Light St

FILED: 1935 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935, to May 6, 1935. I last saw him alive on May 6, 1935. Death is said to have occurred on the date stated above, at 12:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-6-35

Other contributory causes of importance:

Pulmonary Edema

Name of operation: Date of

What test confirmed diagnosis? Unused Was there an autopsy?

23. If death was due to external causes (violence) fill in: also the following:

Accident, suicide, or homicide? No Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? If so, specify

(Signed) Vincent M. Messina M. D.

(Address) 1711 S Hanover St

D. F 12634 F 12329 ✓ F 12329

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2713 Jefferson St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances K Schuch

(a) Residence: No. 2713 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Adolph P Schuch

6. DATE OF BIRTH (month, day, year): July 13 1867

7. AGE: Years 67 | Months 9 | Days 21 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Heuberger

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Dont Know

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Adolph F Schuch

(Address) 2713 Jefferson St

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 9, 1935

UNDERTAKER: John Wendt

(Address) 2200 E Arlington

FILED: May 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1935 to May 7, 1935

I last saw her alive on May 3, 1935. Death is said to have occurred on the date stated above, at 2:18 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Chronic Endocarditis	

Other contributory causes of importance:

Angina Pectoris

Name of operation None Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Vincent B Zeeka M. D.

(Address) 845 N Patterson Park Ave

D. B. 1268

F 12330

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12330

CERTIFICATE OF DEATH

52

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 636 S Oldham St. 26 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Elizabeth Magee

(a) Residence: No. 636 S Oldham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J Magee

7. DATE OF BIRTH (month, day, year) Feb 1 1871

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	3	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

11. Date deceased last worked at this occupation (month and year) .....

12. Total time (years) spent in this occupation .....

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. NAME of Father Reiber

15. BIRTHPLACE (city or town) (State or country) Germany

16. MAIDEN NAME of Mother Dont Know

17. BIRTHPLACE (city or town) (State or country) Germany

18. INFORMANT Mrs Albert Hitchcock

(Address) Irving Place Pikesville

19. BURIAL, CREMATION, OR REMOVAL

Place Ot Sinai Cem. Date May 9th 1935

20. UNDERTAKER John Ulrich & Son

(Address) 2008 Oldham

21. FILED May 9 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1933 to May 3 1935

I last saw her alive on May 1 1935 Death is said to have occurred on the date stated above, at 8 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Loss muscle power	2 yrs ago
Cancer face	1 yr ago
Hemorrhages	Last 3 mos

Other contributory causes of importance: Cardiac Exhaustion

Name of operation None Date of .....

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Clift M. D.

(Address) 10 E Franklin St

D. B. 1268-0

F 12331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20 W. Lanvale St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Knight

(a) Residence: No. W 5 W. Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day ....hrs. or ....min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Samuel E. Knight

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Edna Leach

16. BIRTHPLACE (city or town) (State or country) Richmond Va.

INFORMANT Samuel E. Knight
(Address) 20 W. Lanvale St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date 4. 16. 1935

UNDERTAKER John J. Gruber & Son
(Address) 6 Eutaw Place

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 5 1935

I last saw h 4 alive on May 1935 Death is said to have occurred on the date stated above, at 1.29 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Cohen M. D.

(Address) 19 E. Lanvale

D. F. 1268-9

2332

E 12332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St. Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME W. Charles H. Pitsmiller

(a) Residence: No. 3410 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6, 1902

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	10	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corn

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Battle Mnd

10. NAME August Pitsmiller

11. BIRTHPLACE (city or town) (State or country) Battle Mnd

12. MAIDEN NAME Julia E. Evans

13. BIRTHPLACE (city or town) (State or country) Battle Mnd

14. INFORMANT August H. Pitsmiller

(Address) 3410 Harford Rd.

15. BURIAL, CREMATION, OR REMOVAL

Place Most Holy Redeemer Date May 9, 1935

16. UNDERTAKER Hardy Hearse & Amb Serv

(Address) 130 E. Eager St

17. FILED ..... 19..... [illegible]

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 19..... to ..... 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Automobile Accident

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/5, 1935

Where did injury occur? Harford Rd & Hamilton Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Struck by auto while walking across Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph P. Denny M. D.
Coroner

(Address) 1208 E. Madison St.

H. D. B. 1208-9

2333

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12333

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Vincent st. St., 19 Ward)

Length of residence in city or town where death occurred 20 yrs? mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Lee Holmes

(a) Residence: No. 523 N. Vincent st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, Widowed, or Divorced (write the word)
~~Female~~	Col	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of David Holmes

DATE OF BIRTH (month, day, year) ~~Jan.~~ Jan. 1st. 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) Essex C o., Va.

13. NAME Henry Holmes

14. BIRTHPLACE (city or town) (State or country) Essex, Co., Va.

15. MAIDEN NAME Kitty Pitts

16. BIRTHPLACE (city or town) (State or country) Essex Co. Va.

INFORMANT Irene Page (Daughter)
(Address) 2440 Christian st. Phila.

BURIAL, CREMATION, OR REMOVAL
Place Mt Lion Date May 6, 1935

UNDERTAKER Mrs Katie R. Williams
(Address) 322 N. Schroeder st.

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 2nd. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30th. 1935 to May 2nd. 1935

I last saw her alive on May 1st. 1935 Death is said to have occurred on the date stated above, at 5.45 p.m. a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset: April 30th 1935

Other contributory causes of importance:

Ch. Inter. Nephritis — ?

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

c.—2-29-28—L. F. S.—500 Bks.

2334

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a F 12334

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 Etting ST., 13 WARD)

2—FULL NAME DeWitt Carter Jr.

(a) RESIDENCE NO. 2415 Etting ST., — WARD —
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced. (write the word): Widower

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Edith Carter

6 DATE OF BIRTH (month, day, and year) Jany 4-1886

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	—	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Porter

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: Not employed.

9 BIRTHPLACE (city or town) (State or country): Annapolis Md.

10 NAME OF FATHER: Geo. Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Annapolis Md.

12 MAIDEN NAME OF MOTHER: Annie J. Gross

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Annapolis Md

Informant: DeWitt Carter Jr.

(Address): 2415 Etting Street

Filed ..... 19 .....

5-1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 4-35

17 I HEREBY CERTIFY, That I attended deceased from March 17, 1935, to May 4, 1935, that I last saw h in alive on May 3, 1935 and that death occurred, on the date stated above, at 6.40a m.

The CAUSE OF DEATH* was as follows:

Endocarditis

(duration) — yrs. — mos. — ds.

CONTRIBUTORY (Secondary): Bronchitis acute

(duration) — yrs. 5 mos. — ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No. Date of —

Was there an autopsy? No.

What test confirmed diagnosis? Clinical Methods

(Signed) Geo. C. Shannon M. D.

5/4 1935 (Address) 700 Fulton Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Auburn Cemetery

DATE OF BURIAL: May 7 1935

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS 3221 Schroeder St

F 12335

D. P. 12685

98546 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12335

+53-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William E Crotzer

(a) Residence: No. Clarksville St., Ward. Tennessee

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-91

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. County Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn

13. NAME OF FATHER Wm J Crotzer

14. BIRTHPLACE (city or town) (State or country) Tenn

15. MAIDEN NAME OF MOTHER Betty Balthrop

16. BIRTHPLACE (city or town) (State or country) Tenn

INFORMANT Jesse Crotzer JOHNS HOPKINS HOSPITAL

(Address) Clarksville Tenn

BURIAL, CREMATION, OR REMOVAL Clarksville Date May 8, 1935

UNDERTAKER John O. Mitchell Sons

(Address) 700 Park Place

FILED MAY 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1935, to May 6, 1935

I last saw him alive on May 6, 1935. Death is said to have occurred on the date stated above, at 7:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	Aug. 1933

Other contributory causes of importance:

Name of operation April 30, 1930 Exploratory Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

D. B. F. 12336 F 12336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1538 Eastern Ave St., 3 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 30 yrs. ..... mos. ..... ds.

FULL NAME Frank Morawski

(a) Residence: No. 1538 Eastern Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
57	57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0880

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT John Morawski

(Address) 1528 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 8 1935

19. UNDERTAKER Wm Fialkowski

(Address) 1618 Eastern ave

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Herzog M.D. M. D.
Coroner

(Address) 305 N. Bond St.

F 12337

D. B. 12684

F 12337

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 N. Streeper St., 7 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Giuseppe Garbo

(a) Residence: No. 531 N Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rose Provinza Garbo

DATE OF BIRTH (month, day, year) April 22, 1869

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66		11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

13. NAME Salvatore Garbo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosaria Chesseri

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Vincent Dantoni

(Address) 238 N. Payson st

BURIAL, CREMATION, OR REMOVAL

Place New Lethbridge Date May 7/35

UNDERTAKER Frank V. Pipitone

(Address) 2518 E. Baltimore

FILED ..... 19 ..... Registrar

MAY 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to May 3, 1935 I last saw him alive on May 3, 1935 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset

Other contributory causes of importance:

Cardiac Dilatation

Name of operation ..... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. H. Barnaro M. D.

(Address) 436 E Fort Ave

. D. B. 1268-5

F 12338

2338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Pink Holbrook

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 3/11/1879.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56.	1	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cascade, Va.

12. NAME OF FATHER Nat Holbrook. Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Malinda Minder Ark.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Self.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University Md Date May 6th 19 35

UNDERTAKER [illegible]
(Address)

[illegible] Registrar.

1935 1935 APR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4-27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/21 . 1935 to 4/27 . 1935

I last saw him alive on 4/27 . 1935 Death is said to have occurred on the date stated above, at 5 15 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Larynx	2 mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. P. 1268-9

F 12339

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12339

CERTIFICATE OF DEATH

xV/31

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 Tunbridge Rd St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Abraham Price

(a) Residence: No. 513 Tunbridge Rd. St., ... Ward. Westminster Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed or divorced: HUSBAND of (or) WIFE of Suranda Price

DATE OF BIRTH (month, day, year) March 17. 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman-dec'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hardware

10. Date deceased last worked at this occupation (month and year) Apr 23

11. Total time (years) spent in this occupation 5 3/4 yrs.

BIRTHPLACE (city or town) (State or country) Jefferson Pa.

12. NAME Abraham Price

14. BIRTHPLACE (city or town) (State or country) Jefferson Pa.

15. MAIDEN NAME Justina Brooks

16. BIRTHPLACE (city or town) (State or country) Pa.

INFORMANT Levin Fryd.

(Address) 513 Tunbridge Rd.

BURIAL, CREMATION, OR REMOVAL

Place Westminster Date 5/8 1935

UNDERTAKER E. H. Bankard & Son

(Address) Westminster Md

FILED MAY 8 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 -- 6 -- 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5 - 1935 to May 6 - 1935

I last saw him alive on May 6 1935 Death is said to have occurred on the date stated above, at 8.45 A m.

The principal cause of death and related causes of importance were as follows:

Myocarditis - Chronic Nephritis.

Date of onset Apr 15 1932

Other contributory causes of importance:

Arteriosclerosis - Auricular fibrillation.

Name of operation ... Date of ...

What test confirmed diagnosis? Supp Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. McCarty M. D.

(Address) 37 W. Pratt St.

F 12340

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12340

CERTIFICATE OF DEATH

193-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3915 Fourth St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clotilda Martin

(a) Residence: No. 3915 Fourth St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 4th - 1863

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	1	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Eva Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Cork Keenan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Frank McGuire

(Address) 3915 Fourth St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 5/7/35. 19

19. UNDERTAKER J. Pelegrini & Sons

(Address) 1315 Light St

20. FILED 5-8-1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4th 1935 to May 4th 1935

I last saw her alive on MAY 1st 1935 Death is said to have occurred on the date stated above, at 10.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerotic Myocardial Degeneration	
Right Bronchial Pneumonia	4-4-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul Martin M. D.

(Address) 530 Calaysus Ave.

F 12341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12341

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bal Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Elizabeth Payson

(a) Residence: No. Baltimore Md. 663 W. St., Lanvale Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Walter Payson

DATE OF BIRTH (month, day, year) Dec 21 - 1887.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	47	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paint Mixer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Factory

10. Date deceased last worked at this occupation (month and year) Apr 1935

11. Total time (years) spent in this occupation 2 yrs

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF MOTHER Mollie Belt.

14. BIRTHPLACE (city or town) (State or country) Texas Bell Co. Md

15. MAIDEN NAME OF MOTHER Lovilla Carter.

16. BIRTHPLACE (city or town) (State or country) Hillsdale Baltimore Co. Md.

INFORMANT Mrs. Katherine Bigham Sister

(Address) 1733 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 8, 1935

UNDERTAKER Ellis L. White

(Address) 2954 Madison Ave

FILED May 8 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935. to May 5, 1935.

I last saw her alive on May 5, 1935. Death is said to have occurred on the date stated above, at 11.40 a.m.

The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia — Date of onset Last week

Other contributory causes of importance:

acute dilatation of Heart and Pulmonary Oedema

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John E. Lewis M. D.

(Address) 1 E. Mount St. Balto

D. B 1268-9

12342 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12342

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3106 E. Fayette St., 6 Ward)

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Loula Trainor

(a) Residence: No. 3106 E. Fayette St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph I.

ATE OF BIRTH (month, day, year) Jany 7/1871

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	3	26	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

10. NAME Charles Sonnenberg

11. BIRTHPLACE (city or town) (State or country) Germany

12. MAIDEN NAME Unknown

13. BIRTHPLACE (city or town) (State or country) City

14. INFORMANT Joseph I. Trainor

(Address) 3106 E. Fayette St

15. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 5/6/ , 19 35

16. UNDERTAKER J. Boal Black. Jr.

(Address) 1 Boal Block.

FILED 1935 , 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at about 7 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Proably Chr Myocarditis	7 yrs

Other contributory causes of importance:

History of Rheumatism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. L. Bruns , M. D.
Coroner

(Address) 508 E Fayette

D. B. 1268-9

(Shepard) F 12343

2343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+V 93-C

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No.) BALTIMORE, MD. St., 9 Ward)
Registered No. ....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 3 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Robert S Shepard

(a) Residence: No. Dundalk, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth E. Shepard

6. DATE OF BIRTH (month, day, year) June 1, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Whitney, Miss. Va

13. NAME Robert Shepard

14. BIRTHPLACE (city or town) (State or country) Whitney Md Va

15. MAIDEN NAME Susan E. Judd

16. BIRTHPLACE (city or town) (State or country) Whitney Miss Va

INFORMANT Mrs. Ruth E. Shepard
(Address) 673a Woodley Rd. Dundalk

BURIAL, CREMATION, OR REMOVAL
Interred Lam Whitney Date 5, 6, 35, 19

UNDERTAKER Childs Herring Sons
(Address) 2416 Eastern Ave

FILED 1935 Washington Nathaniel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to May 5, 1935
I last saw him alive on May 5, 1935. Death is said to have occurred on the date stated above, at 5:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Broncho Pneumonia	
2. Chronic Myocarditis	

Other contributory causes of importance:
1. Cardiac failure

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

LaCo. 5-31 250B

2344 **HEALTH DEPARTMENT—CITY OF BALTIMORE** # 12344

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 N. Carey St. St., 19 Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S. If of foreign birth 47 yrs. mos. ds.

2. FULL NAME Edward Burkett.

(a) Residence: No. 4 N. Carey St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

If married, widowed or divorced HUSBAND of (or) WIFE of Marie Burkett.

DATE OF BIRTH (month, day, year) June 5-1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	0.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. U.S. Navy-Reserve

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Frank Burkett.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Christina Smith.

16. BIRTHPLACE (city or town) (State or country) Unknown.

INFORMANT Mrs. Marie Burkett.
(Address) 4 N. Carey St.

BURIAL, CREMATION, OR REMOVAL
Place Hanticoke-Pa. Date May 9, 1935.

UNDERTAKER Charles J. Schwab.
(Address) 505 N. Pioneer St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1933 to May 5, 1935

I last saw him alive on May 5, 1935 death is said to have occurred on the date stated above, at 1:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs
	9d

Other contributory causes of importance:

Acute pulmonary edema	

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller, M. D.

(Address) 2032 Eutaw Pl

F 12345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12345

CERTIFICATE OF DEATH

✓ 34-E-107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie L Daubert.

(a) Residence: No. 106 S. Baulden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James. Daubert

DATE OF BIRTH (month, day, year) Nov 7-1872.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 603

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Wm. Dink

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Julia >

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records BCH.
(Address)

BURIAL, CREMATION, OR REMOVAL Date May 8-35

Schwartz Cem

UNDERTAKER Jos. J. Hess & Son
(Address) 509 Lanvale Ave

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2 . 1935 to 5/5 . 1935.

I last saw her alive on 5/5 . 1935 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobular Pneumonia -	3 days
Pulmonar Abscess -	7 days
	20 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. B. 1263-9

F 12346

2346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. [illegible] St., 4 Ward) 13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Wiesell

(a) Residence: No. 134 W. Saratoga St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wiesell

6. DATE OF BIRTH (month, day, year) Sept 30 1859

7. AGE: Years 75 | Months 7 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Francis Wiesell

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Elizabeth Kriesen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp. Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 7, 1935

19. UNDERTAKER Albert W. Bebergal

(Address) North & Greenmount Ave

FILED [illegible] 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4, 1935

I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 4, 1935

I last saw him alive on May 4, 1935 Death is said to have occurred on the date stated above, at 12:45 m.

The principal cause of death and related causes of importance were as follows:

Asphyxia Thrombosis Pneumonia

Date of onset ?

Other contributory causes of importance: Arteriosclerosis

Date of onset ?

Name of operation None Date of

What test confirmed diagnosis? N. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Hyman M. D.

(Address) Baltimore City Hosp.

D. B. 1268-9

(Buczkowski)

F 12347

12347 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 93-E

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) (or County) St., 1 Ward)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S. If of foreign birth? 56 yrs. mos. ds.

2. FULL NAME William Buczkowski

(a) Residence: No. 713 S. Montford St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widower
If married, widowed, or divorced: HUSBAND of (or) WIFE of Josephine
6. DATE OF BIRTH (month, day, year): Jan 16, 1857
7. AGE: Years 78, Months 3, Days 17, If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Roads
10. Date deceased last worked at this occupation (month and year): 2 yrs
11. Total time (years) spent in this occupation: 2
12. BIRTHPLACE (city or town) (State or country): Poland
13. NAME OF FATHER: Poland
14. BIRTHPLACE (city or town) (State or country): ?
15. MAIDEN NAME OF MOTHER: ?
16. BIRTHPLACE (city or town) (State or country): ?
INFORMANT: Hosp. Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Date: May 7, 1935
UNDERTAKER: Martin W. Dippel
(Address): 375 Aisquith St.
FILED: May 7, 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/2/35
I HEREBY CERTIFY, That I attended deceased from 5/28, 1934 to 5/3/35
I last saw him alive on 5/3/35
to have occurred on the date stated above, at 8:30 PM
The principal cause of death and related causes of importance were as follows:
Cellulitis Leg - left — Duration: 6 months
Other contributory causes of importance: Myocarditis ? Failure — Chronic ?
Name of operation: none — Date of:
What test confirmed diagnosis? — Was there an autopsy? No
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel Grant, M. D.
(Address) Balto City Hosp

D. B 1268-9

F 12348

12348 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 Grave 7

Registered No.

1. PLACE OF DEATH Found floating off
CITY OF BALTIMORE: (No. Arundel Boat Club. St., 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 35	----------	----------	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Gubbel Cemetery Date May 6 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found April 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Drowning.
Probably accidental.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto K. Einhardt Coroner, M. D.
5/2/35 (Address) 1017 N. Charles St.

F 12349

12349 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183 Grave 8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. ..... St., 22 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME .....

(a) Residence: No. Rear 3 Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX | 4. Color or race | 5. Single, Married, Widowed, or Divorced (write the word)

Male | White | Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) unknown

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
45?			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer?

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (2040)

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) unknown
(State or country)

. NAME unknown

. BIRTHPLACE (city or town) (( )
(State or country)

. MAIDEN NAME unknown

. BIRTHPLACE (city or town) unknown
(State or country)

NFORMANT No
(Address)

URIAL, CREMATION, OR REMOVAL

Place Public Cemetery Date May 6 . 19 35

NDERTAKER .....
(Address)

Christopher Fitzsimons, M.D.
Registrar.

ILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	
Sudden	

Other contributory causes of importance:

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James M. Taylor Coroner . M. D.

(Address) 1001 Chase

D. P. 1268-9

F 12350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1935 F 12350

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ernst

(a) Residence: No. 4302 E Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/30/35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm Ernst

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Helen

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Francis (Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place [illegible] Med School Date May 6 1935

UNDERTAKER

(Address)

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 1935 to May 1 1935

I last saw him alive on May 1 1935 Death is said to have occurred on the date stated above, at 6:35 a m.

The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset Birth

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M B Sloan M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-0

F 12351

12351 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Lucky

(a) Residence: No. 2021 James Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 8, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Mother's Maiden Surname

14. BIRTHPLACE (city or town) (State or country) Penna.

15. MAIDEN NAME Grace Mayer

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date May 6, 1935

UNDERTAKER
(Address)

FILED 1935 Registrar

1347

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935, to May 1, 1935

I last saw her alive on May 1, 1935. Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth (c)	Apr. 30

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. C. Stanley Jr., M. D.

(Address) Johns Hopkins Hospital

F 12352

12352 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 Hakesley Place. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Prouty

(a) Residence: No. 1617 Hakesley Place St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 20. 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME William Prouty

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Dolores Breunfing

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Mas School Date May 6 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

1348 H H

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20th 1935, to April 24th 1935

I last saw him alive on April 24th 1935. Death is said to have occurred on the date stated above, at 11:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Disease of Newborn	April 24

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital.

M. D. R. 1268-9

F 12353

12353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 214 Myrtle Ave St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Cunningham

(a) Residence: No. 214 Myrtle Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): May 5 - 35

8. AGE: Years | Months | Days | If LESS than 1 day, 1 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: James C. Cunningham

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME OF MOTHER: Olive Mitchell

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: 214 Myrtle Ave

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred Date May 6 19 35

19. UNDERTAKER: Gist

(Address)

20. FILED ..... 19 35 .....

Registrar.

1335

1330

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 - 35

22. I HEREBY CERTIFY, That I attended deceased from May 5 - 35 to May 5 - 35

I last saw ... alive on ..... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematured Birth	
Atelectasis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. J. White M. D.

(Address) 1344 Druid Hill Ave

F 12354

D. B. 1268-9

12354 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Bayard St. St.) 21 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Peter V. ~~Maiorano~~ Micone

(1a) Residence: No. 1005 Bayard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Maiorano~~ Micone Isabelle

DATE OF BIRTH (month, day, year) Feb. 9, 1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	2	24	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodcarver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Italy

12. NAME Joseph ~~Maiorano~~ Micone

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Louisa Grande

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT John ~~Maiorano~~ Micone

(Address) 1006 Bayard St.

BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 6 1935

UNDERTAKER Fred A. Krauss & Son

(Address) 203-5 E. Monument St. Baltimore, Md.

FILED MAY 6 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1934 to May 3 1935

I last saw h~~im~~ alive on May 3 1935 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 day
Other contributory causes of importance Cardio Vascular Renal Disease	5 yrs
	0

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Joseph N. Loukaites M. D.

(Address) 617 Washington Blvd

12355 F 12355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

1. PLACE OF DEATH Union Memorial Hospital Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 9 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs John Ernest Rademeyer (Margaret)

(a) Residence: No. 624 Melville Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 15, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Daniel Owens

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Graham

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 8th, 1935

UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, to May 5, 1935

I last saw her alive on May 5, 1935 Death is said to have occurred on the date stated above, at 7.42 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Arteriosclerotic heart disease~~	
~~with myocardial failure~~	
Intestinal Obstruction, due to adhesions.	5-3-35
Other contributory causes of importance:	
~~Intestinal Obstruction~~	~~5-3-35~~
None.	

Was an operation performed? Yes Date of 5-4-35

For what disease or injury? Intestinal Obstruction

Name of operation Intestinal resection and anastomosis Date of 5-4-35

What test confirmed diagnosis? Op. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel McLanahan M. D.

(Address) 108 East 33rd St.

F. D. B. 1268-9

F 12356

12356 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 51-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Eutaw Place Ward) 14th

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph H. Rest

(a) Residence: No. 2030 Eutaw Place Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Elizabeth B. Rest

DATE OF BIRTH (month, day, year) Dec 27th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Henry T. Rest

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ~~v~~ Keberley

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Lloyd T. Rest

(Address) 2030 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1934 to May 4 1935

I last saw him alive on May 4 1935 Death is said to have occurred on the date stated above, at 1:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of right Kidney	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ..... 19..

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Wm S Love M. D.

(Address) 2211 Eutaw Place

M. D. B. 1208-0

F 12357

12357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 McCabe Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Chas. M. Bennett

(a) Residence: No. 717 McCabe Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Bella Bennett

6. DATE OF BIRTH (month, day, year) Feb 5th 1884

7. AGE: Years 51 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Construction

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME Thos. F. Bennett

14. BIRTHPLACE (city or town) (State or country) Phila Pa

15. MAIDEN NAME Sallie O. Miller

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Bella Bennett

(Address) 717 McCabe Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 7th 19 35

19. UNDERTAKER Wm Cook

(Address) 127 St. Paul St

20. FILED ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1935 to May 4 1935

I last saw him alive on May 4 1935 Death is said to have occurred on the date stated above, at 11 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	Jan 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Carl F. Benson M. D.

(Address) 5111 York Rd.

F 12358

D. B. 1268-9

12358 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 N. Highlands Ave Ward)

Length of residence in city or town where death occurred 1yr mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A Moser

(a) Residence: No. 1207 N Highlands Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, or ~~Divorced. (Write the word)~~: widowed

~~wife~~ HUSBAND of ~~wife~~ of Pauline Moser

DATE OF BIRTH (month, day, year) Dec 16 - 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	3 4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U S Government

10. Date deceased last worked at this occupation (month and year) 7/8

11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) U

15. MAIDEN NAME U

16. BIRTHPLACE (city or town) (State or country) U

INFORMANT Mrs Augusta Schaefer

(Address) 1207 N Highland Ave

BURIAL, CREMATION, OR REMOVAL

Place Oakland Date May 7th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williamsport

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1-35 19.. to May 4-35 19.. last saw him alive on May 3-35 19.. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	6 mo
Other contributory causes of importance: Cerebral Thrombosis	3 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. N Herrman M. D.

(Address) 29, 36 Baltimore St

D. B. F 12359

F 12359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., H Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred ...yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

FULL NAME Herman T. Stewart

(a) Residence: No. 758 W. Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) April 5-1924

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	11		29	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank H. Stewart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lula Tasker

16. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Mrs L. Stewart

(Address) 758 W. Saratoga St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5-7 . 19X

UNDERTAKER Mr Kate R. Williams

(Address) 322 N. Schroeder St

FILED 5-7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, meningococcus	5/3/35

Other contributory causes of importance:

Lobular Pneumonia	5/4/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Eugene Zellers, M. D. Coroner

(Address) 2709 Eastern Ave.

D. B 1268-9

F 12360

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12360

CERTIFICATE OF DEATH

158

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 W Lafayette St. 163 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME James Black

(a) Residence: No. 1633 W La Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 24-1934

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	6	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore

10. NAME James Black

11. BIRTHPLACE (city or town) (State or country) N. C.

12. MAIDEN NAME Gladys Clark

13. BIRTHPLACE (city or town) (State or country) Baltimore

14. INFORMANT Gladys Black

(Address) 1633 W Lafayette

15. BURIAL, CREMATION, OR REMOVAL Date 5/7/35

Place Mt Auburn

16. UNDERTAKER Mrs Ed H Howard

(Address) 1630 Druid Hill Ave

17. FILED ... 19...

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 - 35

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Malnutrition

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ... Coroner, M. D.

(Address)

D. B. 1268-9 F 12361

F 12361

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward) 7

Length of residence in city or town where death occurred 29 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Max Griebler

(a) Residence: No. 2415 E Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Goldie

DATE OF BIRTH (month, day, year): 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: employed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Austria

13. NAME: Sol Griebler

14. BIRTHPLACE (city or town) (State or country): Austria

15. MAIDEN NAME: Gertrude Eisman

16. BIRTHPLACE (city or town) (State or country): Austria

INFORMANT: Sol Griebler

(Address) 2415 E Eager St

BURIAL, CREMATION, OR REMOVAL:

Place: Greenmount Cem. Date: May 7. 1935

UNDERTAKER: Sol Levinson & Bro

(Address) 1127 E Balto St

FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to May 6, 1935

I last saw him alive on May 6, 1935 Death is said to have occurred on the date stated above, at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

Uraemia

Glom. Cystone Chronic-bilat

Benign pro Static Hyper-

trophy

Date of onset 3 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Arthur C. Kalogeris M. D.

(Address) Sinai Hosp.

F 12362

F 12362

9877

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. ____ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 18 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Elizabeth Thompson

(a) Residence: No. 1846 W Lexington St., ____ Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 5/21/33

AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	1 2	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Willie Thompson

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Pearl Wallace

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 7, 1935

UNDERTAKER Mrs. Katy E. Williams
(Address) 322 N. Schroeder St.

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 5, 1935

I last saw h e alive on May 5, 1935 Death is said to have occurred on the date stated above, at 6 35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead Poisoning	1 mo?
Lead Encephalitis	1 week
	own

Other contributory causes of importance:

Name of operation Suboccipital decompression Date of 5-4-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19____

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Wm. C. Löffler, Jr. M. D.

(Address) Johns Hopkins Hospital

Arnheim

F 12363

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12363

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Baltimore City Hospital — Registered No.
CITY OF BALTIMORE: (No. — St., 14 Ward) 50 (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME — Ida Life Arnheim
(a) Residence: No. 1704 Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female
4. Color or race: White
5. Single, Married, Widowed or Divorced (write the word): Married
6. If married, widowed or divorced (or) WIFE of: Louis Arnheim
DATE OF BIRTH (month, day, year): Oct 23 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	6	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: Life
12. BIRTHPLACE (city or town) (State or country): Maryland
13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "
17. INFORMANT: Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date 5-5 1935
19. UNDERTAKER: David Sonnheim & Son
(Address): 1902 Eutaw Place

FILED 5-7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 1935
22. I HEREBY CERTIFY, That I attended deceased from May 2 1935 to May 6 1935
I last saw her alive on May 6 1935 Death is said to have occurred on the date stated above at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of breast left with metastasis	?
Other contributory causes of importance: Myocardiofibrosis	?

Name of operation none Date of
What test confirmed diagnosis? — Was there an autopsy? no
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Tarsh M. D.
(Address) Balto City Hosp.

F 12364

F 12364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Lyden Lan Hospital — Registered No. 9

CITY OF BALTIMORE: (No. ... St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert S. Boyd

(a) Residence: No. Essex, Md., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baby

DATE OF BIRTH (month, day, year) Sept 27, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex, Md. Balto Co.

13. NAME Russell Boyd

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Pebble Whatley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Uncle

(Address) Essex.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Union Harford Co. Md Date May 7, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1704 Eutaw Place

20. FILED MAY 7

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, to May 5, 1935

I last saw him alive on May 5, 1935. Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	2 weeks
Lobar Pneumonia	10 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Lachman M. D.

(Address) Lyden Lan Hospital

M. D. B. 1208-9

F 12365 ✓ F 12365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 526 Lanford Place St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eliza Patterson

(a) Residence: No. 526 Lanford Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write this word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1866

7. AGE: Years: 69 | Months: | Days: | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

13. NAME OF FATHER: Levi Patterson

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME OF MOTHER: Eliza Toney

16. BIRTHPLACE (city or town) (State or country): md

17. INFORMANT: Maggie Holly

(Address): 526 Lanford Place

18. BURIAL, CREMATION, OR REMOVAL

Place: Int Auburn cem Date: May 8, 1935

19. UNDERTAKER: Lattie Gross

(Address): 1408 Ashland Ave

20. FILED: ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 20th, 1935 to May 4, 1935

I last saw him alive on May 4, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 Days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Regular Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. Kruk, M. D.

(Address) ...

D. B. 1268-9

F 12366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12366

93-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Eathland ave St., 28 Ward)

Length of residence in city or town where death occurred 36 yrs. 7 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jennie McDaniel Bell

(a) Residence: No. 4404 Eathland ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Rev Egerton Bell D.D

DATE OF BIRTH (month, day, year) June 20 1859

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Near Cincinnati Ohio

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Stanley McDaniel Bell

(Address) 4404 Eathland ave

18. BURIAL, CREMATION, OR REMOVAL

woodlawn cemetery Date May 7 . 1935

19. UNDERTAKER Chas H. Paluch

(Address) 742 W. Baltimore ave

FILED MAY 7 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3 . 1935 to May 5 . 1935

I last saw her alive on May 4 . 1935 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis with decompensation, and Apl. gradual Record failure.	
Uremia, Toxic Coma.	
Other contributory causes of importance:	

Name of operation No Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Cole M. D.

(Address) 7202 Garrison Blvd

D. P. 1068-9 F 12367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12367

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2347 Eutaw Place 13 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? 43 yrs. mos. ds.

2. FULL NAME Harriett Woolf

(a) Residence: No. 2347 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed or divorced: HUSBAND of (or) WIFE of George Woolf

7. DATE OF BIRTH (month, day, year) 1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	95			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Berlin Germany

13. NAME Abraham Davidson

14. BIRTHPLACE (city or town) (State or country) Berlin Germany.

15. MAIDEN NAME Fannie Pray

16. BIRTHPLACE (city or town) (State or country) Berlin Germany

17. INFORMANT Sarah M. Frank

(Address) 2347 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL Place San Francisco Cal. Date 5/7/35 19

19. UNDERTAKER Jacob Louis Cohen

(Address) 1394 E. Baltimore St.

20. FILED 7-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to May 6, 1935

I last saw her alive on May 6, 1935. Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis (patient was 95 yrs old)	—
Other contributory causes of importance: Cerebral Hemorrhage	3 days

Name of operation none Date of ✓

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) I Frederick Lantz, M. D.

May 6-35 (Address) Temple Garden apts

D. B. 126 F 12368 ✓ F 12368

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Lyndale Ave St., 8 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle A Willem

(a) Residence: No. 3219 Lyndale Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of John F Willem

7. DATE OF BIRTH (month, day, year) Sept 8 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME C W Fisk

14. BIRTHPLACE (city or town) (State or country) Frederick Md

15. MAIDEN NAME Mary E Strott

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John F Willem

(Address) 3219 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date May 7 1935

19. UNDERTAKER Vernon Lehmer

(Address) 2301 E Monument

20. FILED MAY 7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/1/34 to 5/4/ 1935

I last saw her alive on 5/4/ 1935 Death is said to have occurred on the date stated above, at 11.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease	11/1/34
Other contributory causes of importance: Cardiac decompensation	5/4/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Gerald Rawlins M. D.

(Address) 1517 E North Ave

H. D. P. 1268-3 F 12369 ✓ F 12369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 22 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Woodson

(a) Residence: No. 518 N Lee St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William

DATE OF BIRTH (month, day, year) June 1893.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstone Va

13. NAME Sidney Blackwell

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Nennie Mae Banks

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Richard Beal

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem Date 5/7/35

19. UNDERTAKER Leroy D. Wilson

(Address) 1 E Lanvale Ave

20. FILED 7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/4 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1935 to 5/4 1935

I last saw her alive on 5/4 1935 Death is said to have occurred on the date stated above, at 4 03/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. B 1268-9

2370 ✓ F 12370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 22

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Hanson Litchfield

(a) Residence: No. Edgewood St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

If married, widowed, or divorced: HUSBAND of (~~WIFE~~) of Cassie Litchfield

6. DATE OF BIRTH (month, day, year) June 20, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	17/6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage 2086

10. Date deceased last worked at this occupation (month and year) May 1, 1935

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (City or town) (State or country) Edgewood Maryland

13. NAME George W. Litchfield

14. BIRTHPLACE (city or town) (State or country) Magnolia Maryland

15. MAIDEN NAME Amelia Hanson

16. BIRTHPLACE (city or town) (State or country) Magnolia Maryland

INFORMANT Howard McComas

(Address) Abingdon, Maryland

BURIAL, CREMATION, OR REMOVAL

Place ~~Edgewood Md~~ Cemetery Date May 7, 1935

UNDERTAKER Howard McComas

(Address) Abingdon, Maryland

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	May 2-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 1, 1935

Where did injury occur? Havre de Grace Maryland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Industry

Manner of injury Foreign body

Nature of injury Splinter in left hand

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Splinter from Automobile

(Signed) Paul O'Brien, M. D. Coroner

(Address) 1919 E. North Ave.

D. B. 1268-9

F 12371

12371 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Joseph Hospital
CITY OF BALTIMORE: (No. ..... St., 37 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Timothy Foley

(a) Residence: No. 5110 Craig Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed or divorced
HUSBAND of
WIFE of Ellen Foley

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Captain
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME James T. Foley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Kennedy Foley (Son)
(Address) 5110 Craig Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt. Moriah Date May 8th 1935

UNDERTAKER Edgar A. Weber
(Address) 705 S. Ann Street

FILED 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h[illegible] alive on 5/6/35 19... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably fractured skull	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/6 1935
Where did injury occur? North Ave & Wolfe St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by auto while waiting for street car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Lewis Gordon M.D.
(Address) 5142 Loyola Blvd M. D.

H. D. B. 1268-9

12372 F 12372

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 573 Mount St., 17 Ward)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Nancy Sheeks

(a) Residence: No. 573 Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: Ri

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: George Sheeks

7. DATE OF BIRTH (month, day, year): 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	65		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook Pastry

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cafe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME OF FATHER: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Hannah Banks

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: William Sheeks

(Address): 573 Mount

18. BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cem. 5/8, 1935

19. UNDERTAKER: Bernard F. Bradley

(Address): 818 Long Island Ave

20. FILED: MAY 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/4/35

22. I HEREBY CERTIFY, That I attended deceased from 7/1/34, 19..., to 5/4/35, 19...

I last saw him alive on 5/4/35, 19... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/4/35
due to Nephritis	5/4/35

Other contributory causes of importance: Pulmonary Edema, Chronic Interstitial Nephritis

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Ellis, M. D.

(Address) East Madison

H. D. B. 1268-9

✓ F 12373

12373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie Smith

(a) Residence: No. 539 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ormsby Smith.

7. DATE OF BIRTH (month, day, year) 7/4/1869

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? none

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Whitestone, Va.

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Auburn Cem. Date 5/8/35 19

19. UNDERTAKER Barnes & Keighley
(Address) 5182 Penn Ave.

Washington Nathaniel Rice
Registrar.

20. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/3 1935 to 5/5 1935

I last saw her alive on 5/5 1935 Death is said to have occurred on the date stated above, at 10 35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Arteriosclerosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

12374 F 12374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smith & Katherine 2nd St., 25 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick G. Chamberlain

(a) Residence: Smith & Katherine Dorchester Heights
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21 1913

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
21	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Candy

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 00 6

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Frederick G. Chamberlain

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME OF MOTHER Mary B. Menninger

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Frederick G. Chamberlain
(Address) Smith & Katherine

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/8/35

19. UNDERTAKER Fry & Flanley
(Address) Fulton & Fayette

20. FILED MAY 8 1935 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 6 1935

I last saw him alive on May 4 1935. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Primary Fibroma of left arm. Primary growth left arm. metastasis - right arm - lungs - spine dorsal region & thighs -	Aug. 1933.

Other contributory causes of importance:

Paralysis (pressure) bowels, bladder & lower extremities -

Name of operation Biopsy - Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry McGarty M. D.

(Address) 97 W Preston St.

D. B. 1268-9

12375

✓ F 12375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Brighton St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Daum,

(a) Residence: No. 2829 Brighton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Daum,

DATE OF BIRTH (month, day, year) December 20.1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Jacob Sellman,

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs C.R.Webber,

(Address) 2829 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL MAY 9 - 1935

Place Baltimore Cem Date 19

19. UNDERTAKER Robert S Sitler

(Address) 2700 Edmondson Ave.

20. FILED MAY 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 6 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 6, 1935.

I last saw her alive on May 6, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymph Adenoma of Mediastinum & Pleura,	1934
	Now

Other contributory causes of importance:

Cardiac Stenosis.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? 6 Date of injury 6 , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Edward T. Lynch M.D.

(Address) 2329 Linwood Ave,

D. B. 1268-9

12376 ✓ F 12376

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

1. PLACE OF DEATH Balto. City Hospitals (Health Depart.) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Jerlach

(a) Residence: No. 930 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

DATE OF BIRTH (month, day, year) May 23, 1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Valentine Jerlach

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Katherine Gross.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Howard Jerlach

(Address) 930 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 5/8/35

19. UNDERTAKER J. Thompson Son & J. Broadway

(Address)

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to May 5, 1935

I last saw her alive on May 5, 1935 Death is said to have occurred on the date stated above, at 2:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation ✓ Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Balto. City Hosp.

Emma or Emmica Eckert ✓ F 12377

F 12377

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emmica Eckert

(a) Residence: No. Holtsville California Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 7/1/78

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna -

13. NAME Deceased

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Deceased

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place St Mathews Date May 1 1935

19. UNDERTAKER Geo M Zumbrun

(Address) 811 N Eutaw St.

20. FILED - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18 1935 to May 7 1935

I last saw deceased alive on May 7 1935 Death is said to have occurred on the date stated above, at 6 37 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	15 yrs ago
Cardiac Hypertrophy	"
Rt. Cerebral Vasc. Accident	2 days ago
Other contributory causes of importance:	
Terminal bronchopneumonia?	1 wk ago

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Morgan Cutter, M. D.

(Address) J H Hospital

D. B. 1268-9

✓ F 12378

12378 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5316 Phillips Ave 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Venditti

(a) Residence: No. 5316 Phillips Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 9, 1924

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
10	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME of father Michael Venditti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME of mother Mary Fiorucci

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Michael Venditti
(Address) 5316 Phillips Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Date 5/5/35 19

19. UNDERTAKER Leonard Lupo
(Address) 245 Longwood St

20. FILED MAY 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1935, to May 5 1935.

I last saw him alive on May 5 1935. Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 3 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Michael Fronzaglio M. D.

(Address) 5401 Belair Rd

1935

D. B 1268-0

F 12379

12379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 755 W. Baltimore St., 4 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry D. S. H. Nicolai

(a) Residence: No. 755 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 17. 1852

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	3 4	2 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 60 yrs

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME J. C. Nicolai

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Susan W. Weninger

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT John L. Nicolai
(Address) 755 W. Balto St

BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 8 1935

UNDERTAKER Mc Mus John W. Tuttle & Son
(Address) 801 W. Fayette St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardis	

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. H. Mullen, M. D.
Coroner

(Address) 2357 W. Monument

5/7/35

M. D. B 1268-S

✓ F 12380

12380

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3026 Harford Ave 9 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pauline Markert

(a) Residence: No. 1722 E. 28 St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis J. Markert

7. DATE OF BIRTH (month, day, year) Aug 15, 1867

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 03

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME ~~Louisa~~ Wesa.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT William C. Markert

(Address) 3026 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 9, 1935

19. UNDERTAKER Mr. & Mrs. John H. Teufel & Son

(Address) 501 W. Fayette St.

1935

Registration

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 1 1924 to May 6 1935

I last saw her alive on May 5 1935 Death is said to have occurred on the date stated above, at 9.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis -	11yrs
Other contributory causes of importance:	
Coronary Thrombosis -	1 day -

Name of operation Notany Date of ✓

What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

~~Yes~~ ✓ If so, specify ✓

(Signed) C. M. Dunstan, M. D.

(Address) 301 Eccles

C. D. B. 1268-B

F 12381

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12381

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1006 Scott St., 21 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline E. Kümmel

(a) Residence: No. 1006 Scott St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Kümmel

7. DATE OF BIRTH (month, day, year) May 31 - 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Henry Geller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Kümmel

(Address) 1006 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 9 1935

19. UNDERTAKER H. Wm. Lyon & Leigh Son

(Address) 22 St. Paul St

1935 Registrar

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5 1934 to May 5 1935

I last saw h[illegible] alive on May 5 1935 Death is said to have occurred on the date stated above, at 9:15 A.M.

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardio. Vascular — nephritic disease

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ✓ 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. S. Love M. D.

(Address) 2211 Eutaw Place

F 12382

H. D. P. 1268-9

12382 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No. 98

CITY OF BALTIMORE: (No.) (S.. 14 Ward)

Length of residence in city or town where death occurred 36 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Louis F. Dammann

(a) Residence: No. 659 W. Saratoga Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louise Dammann

6. DATE OF BIRTH (month, day, year) May 2, 1853

7. AGE Years 82 | Months 0 | Days 3 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME William Dammann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Lorenz Laurenz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date May 8 1935

19. UNDERTAKER Mr & Mrs. John N. Geisel & Son
(Address) 201 N. Fayette St

27 FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1935 to 5-5 1935

I last saw h.. alive on 5-5 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic gangrene left foot.	3 mo.
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Amputation left leg Date of 5-2-35

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

31. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel N. Lazar M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ F 12383

12383 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 Eddod St., 25 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David W. Calvert

(a) Residence: No. 1630 Eddod St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 6th 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME John W. Calvert

14. BIRTHPLACE (city or town) (State or country) Balto, Md

MOTHER

15. MAIDEN NAME Anna Sandrowski

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs John W. Calvert

(Address) 1634 Eddod St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Hart Rd Date 4/8/1935

19. UNDERTAKER John J. Lowe & Son

(Address) 901 Fulton St

20. Filed 1935 ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 6 1935

I last saw him alive on May 6 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Gastro Enteritis

Dietrat

Date of onset
4/30/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leon D. Horton Jr. M. D.

(Address) 4700 Pennington Ave

M. D. F 1268-9

✓ F 12384

F 12384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 9 Ward)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? 70 yrs. -- mos. -- ds.

2. FULL NAME Elizabeth Collins McCune

(a) Residence: No. 705 Cator Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William McCune

DATE OF BIRTH (month, day, year) ----------

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	---	---	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) -------- (State or country) Ireland

13. NAME Peter Collins

14. BIRTHPLACE (city or town) -------- (State or country) Ireland

15. MAIDEN NAME Elizabeth Smith

16. BIRTHPLACE (city or town) -------- (State or country) Ireland

17. INFORMANT Miss Margaret Collins

(Address) 705 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 5/9 19 35

19. UNDERTAKER Henry U. Mears and Son

(Address) 30[illegible] N. Calvert St.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 7.05 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	
Chr Myocarditis & Genl Arteriosclerosis	
Other contributory causes of importance: Fracture of right hip	Mar 31/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 3/31/35

Where did injury occur? Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place slipped from chair to floor

Manner of injury in her room.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1086 E. [illegible]

V F 12385

H. D. B. 1268-9

12385 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

CITY OF BALTIMORE: (No. 3400 Strathmore Avenue St., 27 Ward)

Length of residence in city or town where death occurred 52 yrs. 4 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine E. Roney

(a) Residence: No. 3400 Strathmore Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John D. Roney

DATE OF BIRTH (month, day, year) Dec. 15, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00 27

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME John McDonald

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

15. MAIDEN NAME Catherine Horan

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT John D. Roney

(Address) 3400 Strathmore Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 5/8 1935

19. UNDERTAKER Henry C. Meyer & Son

(Address) 208 N. Entaw St.

20. FILED [illegible] Registrar.

MAY 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/10/33 19... to 5/5 1935

I last saw h-er alive on 5/5 1935. Death is said to have occurred on the date stated above, at 10 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovaries	2
c generalized metastasis	
Emaciation	4/1/35
Secondary anemia	4/1/35

Other contributory causes of importance:

Name of operation Oophorectomy Date of 1/26/34

What test confirmed diagnosis? Surg. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alda H. Crawthen M. D.

(Address) 4209 Frederick Ave.

D. P. 1268-9

F 12386

2386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 36

1. PLACE OF DEATH Maryland General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME Jacob J. Dieter

(a) Residence: No. 2960 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha L. Dieter

DATE OF BIRTH (month, day, year) Sept. 3, 1892

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker planing mill hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rod mill

10. Date deceased last worked at this occupation (month and year) April 26/35

11. Total time (years) spent in this occupation Several

BIRTHPLACE (city or town) (State or country) Pikesville Md. Maryland.

13. NAME Georg Dieter

14. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

15. MAIDEN NAME Catherine Chrislat

16. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

INFORMANT Mrs Bertha Dieter

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 8, 1935

UNDERTAKER John Ulrich

(Address) 2001 Orleans St

FILED MAY 7 1935

MEDICAL CERTIFICATE OF DEATH

Hospital records

21. DATE OF DEATH (month, day, year) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 1935 to May 5th 1935

I last saw he alive on April 30 1935 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Septicemia

Developed by septic finger

Other contributory causes of importance:

Name of operation Amputation finger Date of operation April 29/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury April 19 1935

Where did injury occur? James Lumber Co
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place James Lumber Co

Manner of injury Splinter infected finger

Nature of injury Splinter in middle finger

24. Was disease or injury in any way related to occupation of deceased? No If so, specify as above mentioned

(Signed) O. Hanson Coroner, M. D.

(Address) 1218 Hanover

M. D. F. 1268-9

F 12387

12387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3802 Northern Parkway St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Fenner

(a) Residence: No. 3802 Northern Parkway St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John H. Fenner Sr.

6. DATE OF BIRTH (month, day, year) Nov. 13th. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia
(State or country) Pennsylvania

FATHER

13. NAME James Pearce

14. BIRTHPLACE (city or town) North East
(State or country) Maryland

MOTHER

15. MAIDEN NAME Lydia Clendaniel

16. BIRTHPLACE (city or town) Unknown
(State or country) Delaware

17. INFORMANT John H. Fenner Jr.
(Address) 3802 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 8th, 1935

19. UNDERTAKER Leo A. Kavanaugh Co.
(Address) 7401 Belair Road

20. FILED 7-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1935, to May 6th, 1935. I last saw her alive on May 6th, 1935. Death is said to have occurred on the date stated above, at 8.15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	May 1934

Other contributory causes of importance:

Intestinal Obstruction	[illegible]
Hypostatic Pneumonia	1931

Name of operation ..... Date of .....

What test confirmed diagnosis Surgical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Edward Kevan, M. D.

(Address) 1 W. Preston St.

F 12388

12388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Govans 93-C

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 510 Oakland Ave Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George R Lindemann

(a) Residence: No. 510 Oakland Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or ~~WIFE of~~): Fannie Lindemann

6b. DATE OF BIRTH (month, day, year): Sept 9 1856

7. AGE — Years: 78 | Months: 7 | Days: 28 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Col. Trust Co.

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Nickolas Lindemann

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Tonkmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Mrs Joseph S Lindemann 510 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: London Park Date: May 9, 1935

19. UNDERTAKER (Address): John P Vonns 7 Dolphin St

20. FILED: 1935 Herington Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to May 7 1935

I last saw h[illegible] alive on May 7 1935. Death is said to have occurred on the date stated above, at 3.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	5/6/35
Other contributory causes of importance: Bronchial Pneumonia	5/1/35
Myocarditis.	

Name of operation: None. Date of: —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John G. Hamer M. D.

(Address) 4704 York Road

M. D. F. 1169-a F 12389

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12389

CERTIFICATE OF DEATH

X 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ 3 ~~ds.~~ How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles Elmer Simms

(a) Residence: No. Towson, Md., R.F.D. #6 St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single ~~Married~~

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 30 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Block Locker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. shop work

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 10 6

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

FATHER

13. NAME Charles E. Simms

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

MOTHER

15. MAIDEN NAME Madlon Ehrenowith

16. BIRTHPLACE (city or town) (State or country) Balto Co Md.

17. INFORMANT Charles E. Simms (Address) Towson R.D. 2 Md. No 6

18. BURIAL, CREMATION, OR REMOVAL Place Providence Date May 8 1935

19. UNDERTAKER John Burns Sons (Address) Towson Md.

20. FILED MAY 8 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-35 19

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1935 to 5-7 1935

I last saw him alive on 5-7 1935. Death is said to have occurred on the date stated above, at 3:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningococcus meningitis	5-2-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Charles A. Corley M. D.

(Address) Union Memorial Hosp.

F 12390

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12390

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1638 W. Baltimore St. 19 Ward)

(If death occurred in a hospital or institution; give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Michael Mitson

(a) Residence: No. 1638 W. Baltimore St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth W. Mitson

7. DATE OF BIRTH (month, day, year) Aug. 6 - 1874

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Patrick Mitson

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Eliz. W. Mitson

(Address) 1638 W. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 8th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Registrar.

B - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19...

I last saw h... alive on January, 19.. Death is said to have occurred on the date stated above, at 3:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	Dec 5-35

Other contributory causes of importance:

Arteriosclerosis	

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. H. L. Uhler M. D. Coroner

(Address) 16 Forest Broadway

M. D. B. F 12391 F 12391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5 Wendover Road) (12 Ward)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George H. Roberts

(a) Residence: No. 5 Wendover Road St. Ward: Guilford

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~ widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Biddie Ellen Roberts

7. DATE OF BIRTH (month, day, year) Oct 4th 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
88	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 60 Yrs

9. Industry or business in which work was done (as ~~cotton mill~~, saw mill, bank, etc.) General Goods Packer

10. Date deceased last worked at this occupation (month, year) 1920

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md

FATHER

13. NAME George W. Roberts

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rachel Robinson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT John T. Roberts

(Address) 5 Wendover Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 8th 1933

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 8 - 1933 Huntington Expressway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1928 to May 5 1933

I last saw him alive on May 5 1933 Death is said to have occurred on the date stated above, at 6P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteris-Sclerosis	1928
Mitral Insufficiency	1928
Chr. Myocarditis	1933
Other contributory causes of importance: Acute Bronchitis	3 Wks

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Frank A. Glantz, M. D.

(Address) 7 Wendover Road

M. D. B. 12334 F 12392 F 12392

HEALTH DEPARTMENT—CITY OF BALTIMORE

Residence CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH 621 Glenwood Ave
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 27 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Mary Catherine Topp.

(a) Residence: No. 621 Glenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1888

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or .....min.
46	4	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109

10. Date deceased last worked at this occupation (month and year) 1917

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James E. Topp

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Catherine Gerhardt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Laura M. Stephenson
(Address) 621 Glenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 5/10 1935

19. UNDERTAKER J. H. Reed & Son
(Address) 1417 Eutaw St

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to May 6th 1935. I last saw her alive on May 5th 1935. Death is said to have occurred on the date stated above, at 3.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis (Pulmonary)	

Other contributory causes of importance:

Chronic Myocarditis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Eldred Roberts M. D.

(Address) 6010 York Road.

H. D. P. 1268

F 12393

F 12393

278485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 104-8

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Della F. Nelsoome

(a) Residence: No. North Linthicum St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 9-8-27

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Robert Nelsoome

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Vera Parker

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Cedar Hill Date May 9th 35

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

FILED MAY 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to May 7, 1935

I last saw her alive on May 7, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Meningitis	
Other contributory causes of importance: Sinusitis	
Septicemia (Streptococcus)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Woodward E Kloos, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1934-9 F 12394 F 12394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No. 35 St., 24 Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Pauline Gunterberg

(a) Residence: No. 1130 Cookesey St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced (or) WIFE of George Winterling

6. DATE OF BIRTH (month, day, year) July 19 1884

7. AGE: Years 51 | Months 9 | Days 16 | If LESS than 1 day, hrs. or min. .....

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Baldinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elis. Mock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL Holy Cross (Brooklyn) Date May 8th, 1935

19. UNDERTAKER Wm Cook

(Address) 127 St Paul St

20. FILED ..... 1935 .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 35

22. I HEREBY CERTIFY, That I attended deceased from April 1 35 to May 5 35

last saw him alive on May 5 35 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis acute 1935

Date of onset

Other contributory causes of importance: Hypertension Benign ?

Name of operation Cholecystotomy Date 5/3/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Lough M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12395

395

CERTIFICATE OF DEATH

11-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward)

Length of residence in city or town where death occurred 24 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John A. Blair

(a) Residence: No. 127 S. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of none

DATE OF BIRTH (month, day, year) Feb 24 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	2	12 Days	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. order clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Muth Bros. Drug Store

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation 10 years

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Edward J. Blair

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Loretto Finn

16. BIRTHPLACE (city or town) (State or country) Cumberland Md.

17. INFORMANT Mrs. Loretta F. Blair

(Address) 127 S. Poppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 5/9 1935

19. UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St

20. FILED ... 19... Registrar.

MAY 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... Death is said I last saw h... alive on ... 19... to have occurred on the date stated above, at 4.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial pneumonia	May 5

Other contributory causes of importance:

abscess of Brain - meningitis	10 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify ...

(Signed) ... Coroner ... M. D.

(Address) 1010 S. Edmondson Ave.

M. D. R. 1268-9

12396 E 12396

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1420 Park Av St., 14 Ward)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Stouson Payne

(a) Residence: No. 1420 Park Av St., Ward. Resident

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Imogene B. Payne

6. DATE OF BIRTH (month, day, year) Dec 12-1850

7. AGE: Years 84 | Months 4 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation: None

12. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

13. NAME L. Homer Payne

14. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

15. MAIDEN NAME Catherine Edmonds

16. BIRTHPLACE (city or town) (State or country) Warrenton Virginia

17. INFORMANT Mr Jas. McG. Gillett Son-in-law

(Address) 1420 Park Ave. City

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date May 9, 1935

19. UNDERTAKER Stewart & Morris Co.

(Address) 108 W. Mt. St. Ave.

FILED MAY 8 - 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935, to 5/5, 1935

I last saw him alive on 5/5, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Gradual
Other contributory causes of importance: Myocardial weakness	4 days

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury — , 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, ...

(Signed) Herbert Stokes M. D.

(Address) 1406 Park Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12397 F 12397

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Raspe Ave 26 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bessie Miller Mills

(a) Residence: No. 4404 Raspe Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison C Mills

7. DATE OF BIRTH (month, day, year) Nov. 23. 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City

13. NAME Horatio Gates

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

15. MAIDEN NAME Ellen S Adson

16. BIRTHPLACE (city or town) (State or country) St Marys Co Md

17. INFORMANT Mr Harrison C Mills
(Address) 4404 Raspe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date May 6 1935

19. UNDERTAKER Wm J Tuckett & Son
(Address)

20. FILED ..... 19 ..... Registrar.

A 6 - 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1 1935 to May 5 1935

I last saw h[illegible] alive on May 5 1935 Death is said to have occurred on the date stated above, at 8 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uteri	July 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Surgical [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W Edmonds M. D.

(Address) 2746 Alameda Blvd

M. D. P. 1268-9

2398 2398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-931

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Zachary T Green. (T for Taylor)

(a) Residence: No. 109 Aisquith St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Mary S. Green

6. DATE OF BIRTH (month, day, year) 1/29/1865.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. 0073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer B+O RR.

10. Date deceased last worked at this occupation (month and year) 1923 | 11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Md. (Balto.)

FATHER

13. NAME Zachary T. Green

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Martha J. Taylor

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Patient Mrs Wm Green

(Address) 2103 Dukeland St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date May 8. 1935

19. UNDERTAKER Wm J Tucker & Sons

(Address) North & Penna ave

FILED MAY 8 - 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/5. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/13. 1935 to 5/5. 1935

I last saw him alive on 5/5 1935 Death is said to have occurred on the date stated above, at 8 1/2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 12399 F 12399

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2139 Wilkens Ave Ward) 10
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? 23 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Sarah Weinberg

(a) Residence: No. 2139 Wilkens Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

13. NAME Harry Kammerman

14. BIRTHPLACE (city or town) (State or country) Austria

15. MAIDEN NAME Minna Eagler

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph Weinberg
(Address) 2139 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL
Sinai Friendship Date 5/7/35 19

19. UNDERTAKER Jack Levin Inc
(Address) 1434 E. Balto St.

20. FILED MAY 8 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1934, to May 7, 1935.

I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at 6:15 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rt breast	1½ yrs
Other contributory causes of importance: Bronchopneumonia	1 day

Was an operation performed? yes Date of July 1934

For what disease or injury? Carcinoma of rt breast

Name of operation Breast amputation Date of July 1934

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benjamin Miller MD, M. D.

(Address) 2030 Wilkens Ave

H. D. B. 1268-9

F 12400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12400

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Lloyd.

(a) Residence: No. 709 Harvey St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of ~~XXXXXXXXXXX~~ Elizabeth Lloyd.

~~Married June 13, 1936~~ June 2 - 1864

DATE OF BIRTH (month, day, year) ~~June 1, 1861~~

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	~~70~~ 73	~~11~~ 11	~~3~~ 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Chemical Co.

10. Date deceased last worked at this occupation (month and year) 5/3/35

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Chesapeake City, Md.

13. NAME John Lloyd.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Annie -------

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Elizabeth Lloyd. (wife)

(Address) 709 Harvey St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 8 1935

UNDERTAKER A. B. Hartzler & Son

(Address) 1300 Eutaw Place

FILED ..... Huntington Pettiquew, M.D. Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to .....

I last saw h..... alive on ..... Death is said to have occurred on the date stated above, at 7.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Athero sclerosis.	
Coronary Disease.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Hospital Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto M. Steinhardt, M. D.
Coroner

5/6/35 (Address) 1017 E. Charles St.

H. D. P. 1268-9

F 12401

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12401

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 Ward St. St., 21 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rosie Taylor

(a) Residence: No. 1419 Ward St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Unknown

7. DATE OF BIRTH (month, day, year): Unknown

AGE: Years: about 75 | Months: | Days: | If LESS than 1 day, ... hrs. or ..... min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Charles J. Stewart

(Address) 1411 Wash St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 5/8/35 19

19. UNDERTAKER: Ismail Brown & Son

(Address) 108 W Montgomery St

FILED 8-1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 5 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on Inquiry 19 ..... Death is said to have occurred on the date stated above, at 7a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myo-Cardal Degeneration	May 5 1935
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. F. Valentine M. D.
Coroner

(Address) 116 South Broadway

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12402

CERTIFICATE OF DEATH

124-a

Registered No. F 12402

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals St., 3 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Cuneo

(a) Residence: No. 823 Eastern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 20, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road Contractor

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Frank Cuneo

14. BIRTHPLACE (city or town) (State or country) not known Italy

15. MAIDEN NAME Madalina Baggalupo

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Louis Cuneo

(Address) 224 Stemmers Alley

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date May 9 35

UNDERTAKER Wendell J Diffpl

(Address) 1405 Bolgl st Wilmington Delaware

FILED 10-1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute cardiac dilatation	12 hrs
broncho asthma	
Other contributory causes of importance:	
hepatic cirrhosis	2 years

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. M. Wright, M. D.

(Address) 1015 S Ellwood Ave.

M. D. B 1268-9

12403 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-aF 12403

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2204 Oak St. 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME (1) Samuel Willis Gayles

(a) Residence: No. 2204 Oak St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 7-1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Samuel Gayles

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Annie Lee

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Annie Gayles
(Address) 2204 Oak St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 8, 1935

19. UNDERTAKER J. J. Brooks
(Address) 443 N. Carey St.

20. FILED MAY 8 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1935 to 5-7-35, 19....

I last saw h... alive on ..... 19— Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	April 30
Other contributory causes of importance:	
	30

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. J. Allen, M. D.
Coroner

(Address) 509 Aisquith St.

M. D. B 1248-9

F 12404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12404

CERTIFICATE OF DEATH

117-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Georgiana Warmack

(a) Residence: No. 1538 McCulloh St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Edward Warmack

7. DATE OF BIRTH (month, day, year) 1889

8. AGE — Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. maid

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Charles County (State or country) Md

13. NAME Lloyd Chase

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary E Thomas

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Virgie Jackson

(Address) Lemma Hotel

18. BURIAL, CREMATION, OR REMOVAL

Place Newport Charles Co Md Date May 9 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman st

20. FILED MAY 8 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1935 to 5-6, 1935

I last saw h.. alive on 5-6, 1935 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Gastric ulcer	

Other contributory causes of importance:

Name of operation Repair ulcer Date of 5-6-35

What test confirmed diagnosis? Surgical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. O. I. S. Allen, M. D. Coroner

(Address) 307 Aisquith st

M. D. F. 12405 — F 12405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1330 W. Lv. ave. Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Johnson

(a) Residence: No. 1330 W. Lv. ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nannie N. Johnson

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	61			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Purple Watch

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 5070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER

13. NAME Oscar Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Louise Bailey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs. M. Foster

(Address) 1332 Hollins

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cemetery Date May 8 35 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6/35 19

22. I HEREBY CERTIFY, That I attended deceased from 4/23/35 19 to 5/6/35 19

I last saw him alive on 5/5/35 19 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia 23 hr

Heart

Contributory (Secondary) Cause of death and duration of each

Other contributory causes of importance

Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Lee Slack M. D.

(Address) East Madison

M. D. B. 1268-9

F 12406

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12406

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4313 Mary Ave St., 26-1 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jennie F. Coates

(a) Residence: No. 4313 Mary Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Raymond Coates

6. DATE OF BIRTH (month, day, year) Nov. 20-1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Pa.

FATHER

13. NAME Wm. McClelland

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Raymond Coates

(Address) 4313 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood. Date May 8th 1935

19. UNDERTAKER Wm. H. Valentine

(Address) 2326 Eutaw [illegible]

[illegible] Registrar.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1933, to May 5, 1935. I last saw h[illegible] alive on May 5, 1935. Death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) 4320 Harford Ave M. D.

(Address) 1819 St. Paul St.

M. D. R. 1268-9

F 12407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12407

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH: ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME: Mrs. Mary Roth.

(a) Residence: No. 1514 Lough St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Widowed.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John G. Roth

6. DATE OF BIRTH (month, day, year): Sept 17 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73.	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: — —

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Mullmann

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. G. Roth

(Address) 1514 Lough St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Trinity Cem. Date: 5/9/35, 19

19. UNDERTAKER: Philip Herwig Sons

(Address) 2016 Orleans St.

20. FILED: 5-1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/6/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/27/35, to 5/6/35, 19

I last saw her alive on 5/6/35, 19. Death is said to have occurred on the date stated above, at 6:05 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension. - Congestive. Heart failure.	

Other contributory causes of importance:

Hernia.	

Name of operation: None. Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) ST. JOSEPH'S HOSPITAL, BALTIMORE, MD.

M. D. B 1269-9

12408 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12408

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Cummings

(a) Residence: No. 418 E. 22½ St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) April 11, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	0	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Amos Cummings

14. BIRTHPLACE (city or town) Augusta
(State or country) Georgia

15. MAIDEN NAME Anna Wright

16. BIRTHPLACE (city or town) Augusta
(State or country) Georgia

17. INFORMANT Father- Amos Cummings
(Address) 418 E. 22½ St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 14th 1935

19. UNDERTAKER Mrs. Robert A. Elliot & Daughter
(Address) 1129 N. Caroline St.

FILED 8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis - Probable Meningococcic	May 3-35
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Paul Schwartz, M. D. Coroner

(Address) 1919 E. North Ave

F 12409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12409

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1922 W. Lafayette St. 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 11 mos. 30 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Elizabeth Muhly

(a) Residence: No. 1927 N Lafayett St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Muhly

6. DATE OF BIRTH (month, day, year) June 6th 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	89	11	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. Md.
(State or country)

FATHER

13. NAME Geo. L. Bauer

14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER

15. MAIDEN NAME Margaret Blessing

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT John Muhly
(Address) 3204 Harmont Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date 5/10/35 19

19. UNDERTAKER Wm. Miller & Son
(Address) 2503 Edmondson Ave

20. FILED MAY 8 - 1935 Huntington Pettigrew M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935 to May 7, 1935
I last saw h[illegible] alive on May 7, 1935. death is said to have occurred on the date stated above, at 11.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Softening	June

Other contributory causes of importance:
Chronic myocarditis 12 yr.

Name of operation None Date of

What test confirmed diagnosis? Clinical. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..., 19...
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Evans, M. D.
(Address) 612 N 40 St.

F 12410

No. D 12410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 24 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christopher Di Blasa

(a) Residence: No. 408 E. Cross St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Santh Di Blasi

6. DATE OF BIRTH (month, day, year) Oct. 31 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker 0088

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoemaker Shop

10. Date deceased last worked at this occupation (month, day, year) April 26

11. Total time (years) spent in this occupation 10 yrs.

12. BIRTHPLACE (city or town) (State or country) Italy

MOTHER FATHER

13. NAME Salvatore Di Blasi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Maria Maida

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Primo Morganti
(Address) 1129 S. Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 10 1935

19. UNDERTAKER Frank Della Rocca
(Address) 52 N. Morley St.

20. FILED May 8 1935 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935 to May 7, 1935

I last saw him alive on May 7, 1935 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Lobar pneumonia

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) James S. Webb, M. D.

(Address) 1213 Light St.

Bl. D. P. 1968-9

F 12411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2415 Brianwood Rd (St.) (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret D. Cook

(a) Residence: No. 2415 Brianwood Rd. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dietrich Cook.

6. DATE OF BIRTH (month, day, year) DEC 23 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Not known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Annie Goldsberry

(Address) 2415 Brianwood Rd

18. BURIAL, CREMATION, OR REMOVAL. St Pauls. Violetteville Date 5/8 1935

19. UNDERTAKER Mrs Chas A. G. Rohde.

(Address) 3327 Edmondson Ave

20. FILED AUG - 1935 19 Lizzie Fitzgerald Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3rd 1935 to May 5th 1935

I last saw h[illegible] alive on May 4th 1935. Death is said to have occurred on the date stated above, at 11:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5-3-35
Auricular Fibrillation	5-4-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) C. B. Byars M. D.

(Address) 4936 York Rd

O. B 1268-9

Stinchecum

F 12412

HEALTH DEPARTMENT—CITY OF BALTIMORE

12412

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St., 16 Ward)

Life

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William E Stinchcum

(a) Residence: No. 2401 Arunah. ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

DATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
51				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Pierce Stinchecum Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Ida Dwyer

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Catherine

(Address) Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place London P/K Date 3/9 1935

19. UNDERTAKER Edward London

(Address) 2007 Madison Ave

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3 6 1935 .19

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia. acute	
coma.	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. H Phillips Coroner M. D.

(Address) 1937 Edmondson Ave

M. D. P. 1268-9

F 12413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12413

CERTIFICATE OF DEATH

127 Registered No.

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Mund

(a) Residence: No. 523 Patapsco ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/9/1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Joseph

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna Schmidt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross. Date 5/9 1935

19. UNDERTAKER Edward Foulkrod
(Address) 2519 Gwynn Oak Ave

Registrar

20. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5/35, 19.. to 5/6/35, 19..

I last saw h.. alive on 5/6/35 Death is said to have occurred on the date stated above, at 6 35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema of both Bladder	C.

Other contributory causes of importance:

Ruptured both bladder c generalized peritonitis	5/4/35

Name of operation cholecystostomy Date of 1/10/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Kupfer, M. D.

(Address) Mercy Hospital

M. D. R. 1268-9

F 12414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12414

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 S. Glover St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Kaptain

(a) Residence: No. 510 S. Glover Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Kaptain

6. DATE OF BIRTH (month, day, year) March 28, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland

FATHER

13. NAME Joseph Ziolkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Goralska

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) John Kaptain 510 S. Glover Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date 5/9/35 19

19. UNDERTAKER (Address) John M. Weber 1 and not Undertaker nor Embalmer Huntington Ave. Balto, Md.

20. FILED May 8 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1935, to May 6, 1935.
I last saw h[illegible] alive on May 5, 1935. Death is said to have occurred on the date stated above, at 12:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary TB.	6 mos.

Other contributory causes of importance:

Acute Cardiac Dilatation	Sudden

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) M. Steiger M. D.

(Address) 1001 E. Baltimore

M. D. B. 1268

F 12415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12415

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Aiken Ave St., 27 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Cox.

(a) Residence: No. 2617 Aiken Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James R. Cox.

6. DATE OF BIRTH (month, day, year) Oct 3, 1858.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	7	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Robert Johnson.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Margaret Lumpkin

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Eudora Hoffman.
(Address) 2617 Aiken Ave

18. BURIAL, CREMATION, OR REMOVAL
Cedar Hill Date May 8, 1935

19. UNDERTAKER Chenoweth Son.
(Address) 3615 17 Chestnut Ave

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 10 '35 to May 6 '35

I last saw her alive on May 6 '35 Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1933

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. L. Sordy M. D.

(Address) 1820 Orford Rd Baltimore

V. D. B 1269-9

12416 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 12416 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 S. Conkling St., 76 Ward)

Length of residence in city or town where death occurred 18 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ da.

2. FULL NAME Thomas H. Porter Jr.

(a) Residence: No. 200 S. Conkling St., ___ Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Estelle Adams Porter

6. DATE OF BIRTH (month, day, year) July 28 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	69	9	29 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house builder

10. Date deceased last worked at this occupation (month and year) about 1930

11. Total time (years) spent in this occupation 40 15

12. BIRTHPLACE (city or town) (State or country) Caroline County Maryland

FATHER

13. NAME Thos H. Porter

14. BIRTHPLACE (city or town) (State or country) not known Maryland

MOTHER

15. MAIDEN NAME Anna Swan

16. BIRTHPLACE (city or town) (State or country) not known Delaware

17. INFORMANT Marie Doty (granddaughter)

(Address) 200 S. Conkling St.

18. BURIAL, CREMATION, OR REMOVAL

Place Bridgeville Del Date May 8 1935

19. UNDERTAKER Robert Brooks Son

(Address) Calhoun & Baltimore Sts

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ___ 19___, to ___ 19___

I last saw him alive on ___ 19___. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	May 6 35
Other contributory causes of importance:	
Arterio sclerosis	

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of Injury ___ 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of Injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ___

(Signed) W. H. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268

F 12417

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12417

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4906 Belmore ave St. 27 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ruben Rombro

(a) Residence: No. 4906 Belmore ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rombro

6. DATE OF BIRTH (month, day, year) March 15, 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

MOTHER FATHER

13. NAME Max Rombro

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Jobra Rose Abramowitz

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT J. Rombro

(Address) 4906 Belmore ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville Date May 8, 1935

19. UNDERTAKER Solt Funeral Home

(Address) 1727 E. Baltimore St

20. FILED May 9 1935 Huntington Robbins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to May 8, 1935

I last saw him alive on May 8, 1935 Death is said to have occurred on the date stated above, at 12:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bundle Branch Block	
Coronary Thrombosis	

Other contributory causes of importance:

Arteriosclerotic C-V disease.	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer Harry Swarm, M. D.

(Address) 911 Chesterfield Ave.

1935

M. D. B. 1268-9

F 12418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12418

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 18 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frazimer Buraga

(a) Residence: No. 855 Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5/10/35 19

19. UNDERTAKER Chas P Kuchausbeau
(Address) 637 [illegible] Ave.

20. FILED [illegible] 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 19 35

22. I HEREBY CERTIFY, That I attended deceased from 4/26 19 35 to 5/7 19 35

I last saw h[illegible] alive on 5/7 19 35 Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/26/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp

M. D. B. 1268-9

12419 ✓ 12419

12419 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Michael Braskis

(a) Residence: No. 6730 Railway Ave, Graceland Park Balto Co Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Braskis

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	42	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. heater, tin plate mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sparrows Pt (Bethlehem Steel Co)

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Walter Braskis (Address) 6730 Railway Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date 5/7/35 19

19. UNDERTAKER Chas B Kuckuck (Address) 1 S. Paca St

FILED 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull (occipital)	May 4 '35
Other contributory causes of importance: Accidental fall down stairs	May 4 '35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 4 , 1935

Where did injury occur? 6696 Holabird Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Sweeney's Tavern

Manner of injury Fell down cellar steps

Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. W. Wright M. D.

Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268-9

F 12420

F 12420 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345 S Newkirk St., 26 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emly F Higgs

(a) Residence: No. 345 S Newkirk St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland Higgs

6. DATE OF BIRTH (month, day, year) Sept 27 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	7	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) new market Va

FATHER

13. NAME John Litton

14. BIRTHPLACE (city or town) (State or country) New Market Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) New Market Va

17. INFORMANT Laurence Higgs
(Address) 345 S Newkirk St

18. BURIAL, CREMATION, OR REMOVAL
Place New Market Va Date May 11 35

19. UNDERTAKER Lilly & Zeiler 147
(Address) 442 Lexington St

20. FILED May 12 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from January 30, 1935 to May 7, 1935

I last saw her alive on May 7, 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	abou 1½ year
Other contributory causes of importance: general edema	two weeks prior to death

Name of operation - - - Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify - - -

(Signed) Harry Reisel M. D.
(Address) 1224-1226 Hanover St.

M. D. P. 1268-9

12421 ✓ F 12421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St., 49 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Johnson

(a) Residence: No. 1319 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	C	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-5-35

7. AGE Years	Months	Days 2	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Johnson

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Maude Davenport

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Maude Johnson

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 5, 1935

19. UNDERTAKER

(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-5- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3- , 1935 to 5-5- , 1935

I last saw her alive on 5-3- , 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature (7 months)	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Coborn P. LeCompte, M. D.

(Address) Providence Hospital

M. D. B. 1203-9

✓ F 12422

12422 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 18 Ward) 456
(If death occurred in hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Peacock
(a) Residence: No. 544 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ of Ellen Peacock

6. DATE OF BIRTH (month, day, year) March 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Odd
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER
13. NAME Samuel Peacock
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Sarah ?
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Universal Grd Date May 3, 19 35

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) May 1, 35

I HEREBY CERTIFY, That I attended deceased from April 29, 35 to May 1, 35

I last saw him alive on May 1, 19 35 Death is said to have occurred on the date stated above, at 8.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (a) Pharyngitis	?

Other contributory causes of importance: Chronic Myocarditis ?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Samuel H. Grant M. D.
(Signature)
(Address) Balto City Hosp

M. D. B. 1268-9

F 12423

12423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 18 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Hill.

(a) Residence: No. 817 Peoples Court St. (Abbott's Court) Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Hill.

6. DATE OF BIRTH (month, day, year) Oct 7, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME Vassell

14. BIRTHPLACE (city or town) (State or country) Geo.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Geo.

17. INFORMANT Records B. C. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem of Md Date May 8 1935

19. UNDERTAKER

(Address)

20. FILED [illegible] Registrar.

13577

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1935 to 5/2 1935

I last saw him alive on 5/2 1935 Death is said to have occurred on the date stated above, at 6 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	4 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? YW. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 12424

F 12424 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Tigle

(a) Residence: No. 1104 Myrtle ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John Tigle

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Maggie Abbott

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date May 7 ... 19 35

19. UNDERTAKER
(Address)

20. FILED 5-8-1935 ... Registrar

1358

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 ... 1935

22. I HEREBY CERTIFY, That I attended deceased from April 26 ... 1935 to May 6 ... 1935
I last saw him alive on May 6 ... 1935 Death is said to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculous	March 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) M. W. Jacobson ... M. D.

(Address) Baltimore City Hospital

Spec.—9 30—A. & Co.—250 Bks.

12425

✓ F 12425

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

23

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 628 W. Conway ST. 7W WARD)

2-FULL NAME Bernice Hamilton Wilmore

(a) RESIDENCE NO. 628 W. Conway ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 1yr 5 mos ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	Married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Walter W. Wilmore

6 DATE OF BIRTH (month, day, and year) 11/9/14

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	5	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work housework

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer —

9 BIRTHPLACE (city or town) Baltimore
(State or country)

PARENTS

10 NAME OF FATHER Stevenson, Hamilton

11 BIRTHPLACE OF FATHER (city or town) Balto Md
(State or country)

12 MAIDEN NAME OF MOTHER Mary Smith

13 BIRTHPLACE OF MOTHER (city or town) Cambridge Md
(State or country)

14 Informant Walter Wilmore
(Address) 628 W. Conway St

15 Filed 5-8-1935 Huntington Tillery, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/6/35

17 I HEREBY CERTIFY, That I attended deceased from 5/4, 1935, to 5/6, 1935

that I last saw her alive on 5/6, 1935

and that death occurred, on the date stated above, at 9:30 A M.

The CAUSE OF DEATH* was as follows:

anti Malarial
Tuberculosis 6 wks

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? not determined

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) C. H. Hamill M. D.

5/6 1935 (Address) 109 W Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn Cemetery

DATE OF BURIAL May 9, 1935

20 UNDERTAKER Mrs. Katie R Williams

ADDRESS 32 Schroeder

M. D. B 1268-9

12426 ✓ F 12426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. 8 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Vernon Williams Powell

(a) Residence: No. 1405 Madison Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 3 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Vernon Williams Powell

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Blanche Williams

16. BIRTHPLACE (city or town) (State or country) West River Maryland

17. INFORMANT Blanche Williams
(Address) 1405 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 5/9 1935

19. UNDERTAKER Mrs. Katie B. Williams
(Address) 322 N. Schroeder St.

20. FILED 6-1935 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 1.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sickle Cell Anemia	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. P. 1268-9

F 12427

2427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 127

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John Warfield (Colett #4)

(a) Residence: No. 618 Colbert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie Warfield

6. DATE OF BIRTH (month, day, year) June 10, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
56	57	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Warfield

14. BIRTHPLACE (city or town) (State or country) Georgia

MOTHER

15. MAIDEN NAME Rose Herbert

16. BIRTHPLACE (city or town) (State or country) Rural Georgia

17. INFORMANT Hosp Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5.10 19 35

19. UNDERTAKER Emil Pietsch & Son
(Address) 638 N. Eutaw

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 10 19 35 to May 7 19 35
that I last saw him alive on May 7 19 35 Death is said to have occurred on the date stated above, at 6 45 pm

The principal cause of death and related causes of importance were as follows:

Cholecystitis acute & chronic

Date of onset 5/1/35

Other contributory causes of importance: Hypertension Angina

Name of operation Gall Cystotomy Date of 5/2/35

What test confirmed diagnosis? ? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H Gray M. D.

(Address) Balto City Hospitals

M. D. F. 1268-9

12428 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12428

CERTIFICATE OF DEATH

190

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

Length of residence in city or town where death occurred 41 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Gray

(a) Residence: No. 1827 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Gray

6. DATE OF BIRTH (month, day, year) Sept. 8 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Gray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Thompson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date May 10 1935

19. UNDERTAKER Wm. H. Chase & Son
(Address) 638 E. Fayette

20. FILED 5-8 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 29th 1935 to May 7th 1935.

I last saw h[illegible] alive on May 7th 1935. Death is said to have occurred on the date stated above, at 12:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Cute Gangrene of the Leg	?
Epileptic Status	?

(Other contributory causes of importance)

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A. Great M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ F 12429

12429 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 E 30th St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Polk Townsend.

(a) Residence: No. 1620 E 30th St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	White	Widower

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Cecelia Townsend.

6. DATE OF BIRTH (month, day, year) Feb 28-1844

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	91	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Produce Merchant

10. Date deceased last worked at this occupation (month and year) 5/ 1935

11. Total time (years) spent in this occupation 55 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Edward Townsend.

14. BIRTHPLACE (city or town) (State or country) England.

MOTHER

15. MAIDEN NAME Emelia Shuttle

16. BIRTHPLACE (city or town) (State or country) unknown.

17. INFORMANT Mrs. D Edwards 1st
(Address) 1620 E 30th St

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Cem. Date May-10. 1935

19. UNDERTAKER Stephenson's Funeral Home
(Address) 4[illegible] Baltimore

20. FILED May 10 1935 [illegible] Registrar.

G 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-7. 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 30. 1935. to May 8. 1935

I last saw h— alive on May 7. 1935. Death is said to have occurred on the date stated above, at 9:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	

Other contributory causes of importance:

Chronic Cystitis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify No

(Signed) Geo. Schnepf M. D.
(Address) 3610 Hamilton Rd

M. D. F 1208-9

12430

F 12430

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Lavinia Ward

(a) Residence: No. 12 N. Bond st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Ward

6. DATE OF BIRTH (month, day, year) June 8, 1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	10	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Pollard

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Lucy Hall

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cemetery Date 5/10/ 1935

19. UNDERTAKER Mrs Chas G. Bailey

(Address) 140 Jefferson St

20. FILED [illegible] Registrar

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from January 5 1935 to May 6 1935

I last saw her alive on May 6 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. W. Jacobson M. D.

(Address) Baltimore City Hospital

M. D. No. 12431 F 12431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves. St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Easton

(a) Residence: No. 3603 Kenwick Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Company Co

10. Date deceased last worked at this occupation (month, day, year) 7/29/35

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Daniel Easton

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lida Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date May 9. 1935

19. UNDERTAKER Easton Sons

(Address) Baltimore Md

MAY 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 5 1935

I last saw him alive on May 5 1935. Death is said to have occurred on the date stated above, at 6 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pr. cause Lobar pneumonia	4/29
Other contributory causes of importance: Toxemia from alone	time before admission

Name of operation — Date of

What test confirmed diagnosis? clin. Feb. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ramon S Kemp M. D.

(Address) St Agnes Hosp.

DECLARATION is very important. See instructions on back of certificate.

M. D. P. 1249 F 12432

F 12432

29121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x-59

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME David Banks

(a) Residence: No. 911 Second St- St., ... Ward. Juniata Pa
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/7/65

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME Jas Banks

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Rosanah McConoy

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Altoona Pa Date May 1935

19. UNDERTAKER John A. Whitehead
(Address) 1901 Eutaw St

20. FILED [illegible] Johns Hopkins Hosp
MAY 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-15 1935 to 5-8 1935

I last saw him alive on May 8th 1935. Death is said to have occurred on the date stated above, at 4 00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1912
Pneumonia (bronchial)	4-16-35
Other contributory causes of importance:	
Nephritis (chr. vascular)	remote yr.
Gangrene L. foot	4-12-35

Name of operation Amputation of left leg Date of 4-19-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Morgan Cutler M. D.

(Address) Johns Hopkins Hosp.

M. D. P. 1266 — F 12433 — F 12433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3212 Juneau Pl. 27 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leonard P. Eisinger

(a) Residence: No. 3212 Juneau Pl. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, ~~or divorced~~ HUSBAND of (or WIFE of) Caroline P. Eisinger

6. DATE OF BIRTH (month, day, year) Jan 18 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe Manf.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 6 mos

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Paul F. Eisinger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Caroline Fleitzell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Leonard Eisinger
(Address) 3212 Juneau Place

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date May 8, 1935

19. UNDERTAKER John A. Woods
(Address) 3000 E. Balto St.

20. FILED MAY 9 - 1935

OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 6, 1932 to May 6, 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1918
Ch. Int. Nephritis	1918
Ch. Nephritis	1918
Other contributory causes of importance: Angina Pectoris	Jan 1934

Name of operation ✓ Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) D. N. Bishop, M. D.

(Address) 501 Glendale Ave.

Spec. Th 12-21-34 W

F 12434

F 12434

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2213 South Ld ST. 27 WARD)

2-FULL NAME Jane Shepherd

(a) RESIDENCE NO. 2213 South Ld ST. 27 WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. 7 mos. 3 ds. 8 How long in U. S., if of foreign birth? 67 yrs. — mos. — ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3a If married, widowed, or divorced HUSBAND of (or) WIFE of James King Shepherd

6 DATE OF BIRTH (month, day, and year) Sept 7 1847

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	88	3	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) London Eng.

PARENTS

10 NAME OF FATHER Frank Mutchell

11 BIRTHPLACE OF FATHER (city or town) (State or country) London Eng

12 MAIDEN NAME OF MOTHER Jane Constable

13 BIRTHPLACE OF MOTHER (city or town) (State or country) London Eng

14 Informant Mrs Jones 2213 South Ld
(Address)

15 Filed 5/9 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 8th 1935

17 I HEREBY CERTIFY, That I attended deceased from December 18, 1934 to May 8, 1935, that I last saw her alive on May 8, 1935, and that death occurred, on the date stated above, at 12:30 p m.

The CAUSE OF DEATH* was as follows:

Cardio Vascular Disease

about (duration) 3 yrs. 0 mos 0 ds.

CONTRIBUTORY (Secondary) Secondary Anaemia

(duration) 2 yrs. 0 mos. 0 ds.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? ✓ Date of ✓

Was there an autopsy? no

What test confirmed diagnosis? Symptoms

(Signed) William L Cook, M. D.

, 19 (Address) 2717 Druid Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Evergreen Cem Woodlawn Long Island DATE OF BURIAL 5/9 1935

20 UNDERTAKER William Cook ADDRESS 1217 St Paul

M. D. P. 1268

F 12435

F 12435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

098907 93-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 7 .Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Jackson

(a) Residence: No. 1636 E. Monument St., Ward. Richmond Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE~~ Betty

6. DATE OF BIRTH (month, day, year) 3/1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	5-1	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME George Jackson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Martha Jackson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records — JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Usbury's mo Date 5-9 1935

19. UNDERTAKER Elliott Mamie M. Wright (Address) 1218 McElderry St

FILED 9-1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5 1935 to May 7 1935

I last saw him alive on May 7 1935. Death is said to have occurred on the date stated above, at 6 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & arteriosclerosis	1933
Myocardial insufficiency	Jan 1935

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Stubbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. B. 1268-9

F 12436

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12436

CERTIFICATE OF DEATH

✓ 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 N. Bond St., 8 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George A. Murray

(a) Residence: No. 1441 N. Bond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie L. Murray

6. DATE OF BIRTH (month, day, year) Dec. 18th, 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME George Murray

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Marie L. Murray
(Address) 1441 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Cemetery Date 5/9/35 19

19. UNDERTAKER Frederick K. Ott
(Address) 1210 W. Lombard St.

20. FILED 5-9-1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3 1935 to 5-7 1935

I last saw him alive on 5-7 1935 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor Brennan Right Lung	5/3/35
Other contributory causes of importance:	
Hypostatic Pneumonia Edema	5/6/35

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? None Date of Injury ..... 19.....

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Daniel Miller, M. D.

(Address) 1500 N Eutaw

M. D. B. [illegible] F 12437

F 12437

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital (T 30

CITY OF BALTIMORE: (No. Tuberculosis Division St., ... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Albert Roloff

(a) Residence: No. 2244 W. Baltimore st. St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 12, 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
56	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New York New York

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New York

MOTHER

15. MAIDEN NAME Sophia Weigand

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/10/35

19. UNDERTAKER F. S. Wyvill & Son

(Address) 300 Eastern Place

20. FILED ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to May 7, 1935

I last saw him alive on May 7, 1935. Death is said to have occurred on the date stated above, at 11:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospital

V S 3 OCCUPATION is very important. See instructions on back of certificate.

[illegible] 1935 [illegible]

M. D. P. 1268-5

F 12438

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12438

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 515 E. Lafayette Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Goodling

(a) Residence: No. 515 E. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Wm. D. Goodling

6. DATE OF BIRTH (month, day, year): Jan 14 1865

7. AGE: Years 70 | Months 3 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): 3

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER FATHER

13. NAME: Wm. Earle

14. BIRTHPLACE (city or town) (State or country): Pa.

15. MAIDEN NAME: Mary Eyler

16. BIRTHPLACE (city or town) (State or country): Pa.

17. INFORMANT: Wm. D. Goodling
(Address) 515 E. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Greene Date: 5/10/35

19. UNDERTAKER: F. [illegible] Sons
(Address) 1200 Eastern Ave

RECEIVED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935 to May 6 1935

I last saw h.. alive on May 6 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	?
	visit

Other contributory causes of importance:

Pulmonary Tuberculosis	1931

Name of operation: ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Marion D. Conyer M. D.

(Address) 3136 Eastern Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1258-9 F 12439

F 12439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH South Baltimore General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 14 Ward)

Length of residence in city or town where death occurred 56 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary A Dunkerly

(a) Residence: No. 1827 Eagle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm O. Dunkerly

6. DATE OF BIRTH (month, day, year) Feb 9th 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Peter Schaffer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Dunkerly (Address) 1827 Eagle St

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date 5/11/35

19. UNDERTAKER J. D. Hammond & Son (Address) 208 Eutaw Place

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935 to May 8, 1935

I last saw her alive on May 8, 1935 Death is said to have occurred on the date stated above, at 11:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular Renal disease 2 years	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) James L. Wells M. D.

(Address) 1213 Light St.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1[illegible] F 12440

F 12440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 118

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 914 Whitecoat St., 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Elizabeth Green

(a) Residence: No. 914 Whitecoat St., — Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 14 1915

7. AGE: Years 20 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dayswork

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Homes

10. Date deceased last worked at this occupation (month and year): 5/6/35

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: William Green

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Lavinia Mck

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md

17. INFORMANT (Address): Mrs. Lavinia Green 914 Whitecoat St

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May 10 1935

19. UNDERTAKER: [illegible] Brooke

(Address) 1463 N. Carey St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4th 1935 to May 7th 1935

I last saw her alive on May 7th 1935. Death is said to have occurred on the date stated above, at 2:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation of Heart	30 mins
	over
Other contributory causes of importance: Acute Gastritis	6 days

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas E Bell M. D.

(Address) 713 N. Gilmor St.

OCCUPATION is very important. See instructions on back of certificate.

RAWN

M. D. B. Form 9 F 12441

F 12441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 Madison ave St., 11 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie Brooks

(a) Residence: No. 1009 Madison ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Brooks

6. DATE OF BIRTH (month, day, year) April 11 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	—	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Annie Stubbs.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT James Brooks.
(Address) 1009 Madison ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date 5/11/ 1935

19. UNDERTAKER Frances A. Hensley
(Address) 517 W. Biddle St.

20. FILED MAY 13 1935 ... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1935 to May 7 1935

I last saw h.. alive on May 6 1935. Death is said to have occurred on the date stated above, at 6:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Insufficiency & Cardiac Hypertrophy	March 1935
Other contributory causes of importance: Arterial Hypertension	March 1925

Name of operation None Date of ...

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) R. T. Young M. D.

(Address) 1424 Eutaw Place

Chait

F 12442

F 12442 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 1524 N. Ashton St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 2 mos. da. How long in U. S. If of foreign birth? 2 yrs. mos. da.

2. FULL NAME Ethel Chait

If U. S. Veteran specify WAR

(a) Residence: No. 15-24 N. Ashton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Morton Chait

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jacob Harban (Address) 1524 N. Ashton st.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 5-9-35 19

19. UNDERTAKER Jack Lewis Lee (Address) 1439 E. Baltimore St.

20. FILED 5-9-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-8-, 1935

22. I HEREBY CERTIFY, That I attended deceased from April-25-, 1935 to May-8-, 1935

I last saw her alive on May-8-, 1935. Death is said to have occurred on the date stated above, at 5 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/25/35

Other contributory causes of importance:

Hypertension & Arteriosclerosis about 12 yrs

Was an operation performed? no Date of

For what disease or injury? none

Name of operation — Date of —

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public places —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 12443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 115-a

1. PLACE OF DEATH Hospital for the Women of Md.

CITY OF BALTIMORE: (No. John St. & Lafayette St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruth Sloman

(a) Residence: No. 2325 Eutaw Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 23, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Jacob Sloman

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pa.

MOTHER

15. MAIDEN NAME Hanna Jandorf

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Miss Elizabeth Jandorf

(Address) 2325 Eutaw Place

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~.

Place London Pk Crem. Date May 9, 1935

19. UNDERTAKER Baird Sondheim & Son

(Address) 902 Eutaw Place

20. FILED MAY 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to May 7, 1935

I last saw her alive on May 7, 1935 Death is said to have occurred on the date stated above, at 9:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	May 2
Paralytic Ileus &	"
generalized Peritonitis	"
	30

Other contributory causes of importance:

Myocardial Insufficiency	"

Supravaginal Hysterectomy

Name of operation Appendectomy Date of 4/27/35

What test confirmed diagnosis? Yes. Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Beverley C. Compton M. D.

(Address) Women's Hosp.

OCCUPATION is very important. See INSTRUCTIONS on back of CERTIFICATE.

M. D. B. 1[illegible]9 F 12444 F 12444

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3016 Presstman St. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME C. Elizabeth Moser

(a) Residence: No. 3016 Presstman St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Moser

6. DATE OF BIRTH (month, day, year) Oct. 29th 1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Warrenberger

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Susie Trumbo

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. John H. Moser

(Address) 3016 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 10th 1935

19. UNDERTAKER Wm J Tuckerman

(Address) 1 North Fulton

MAY 9 - 1935 19 [illegible] Reg[illegible]

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7th 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July . 19 32 to May 7th . 19 35

I last saw h[illegible] alive on May 6th . 19 35 Death is said to have occurred on the date stated above, at 1.45 Am.

The principal cause of death and related causes of importance were as follows:

Bronchio-Pneumonia — Date of onset 5/7/35

Other contributory causes of importance:

Carcinoma of Lower Endocardium, nephritis — Jan/30 indefinite

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J E Poulton M. D.

(Address) 3409 Hanover Blvd

M. D. B. 1268-9 F 12445 F 12445

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 139-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kent Baltimore Emma Hosp St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 49 yrs. 5 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Anna Rice

(a) Residence: No. 1513 Ramsay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent S. Rice

6. DATE OF BIRTH (month, day, year) Nov 14, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Kolata

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva Moritz

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Anna Denford

(Address) 1513 Ramsay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 11, 1935

19. UNDERTAKER Wm Victor Ross

(Address) North & Paca ves.

20. FILED [illegible] Registrar.

MAY 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935 to May 7, 1935

I last saw h[illegible] alive on 5/7 1935. Death is said to have occurred on the date stated above, at 5 55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Bronchopneumonia	

Other contributory causes of importance: Diabetes Mellitus Moderate Severe

Name of operation Bilateral Salpingo oophorectomy Date of 5/5/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jule D. Miller, M. D.

(Address) Brest Castle and Bay

M. D. F. No. 12446 Mason F 12446

298 144

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Mason

(a) Residence: No. 1836 E Monument St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/21/92

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. orderly

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mass

FATHER

13. NAME Jas Mason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Mallony

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Cathedral Cem Date 5/10/35

19. UNDERTAKER Garland Thomas

(Address) 535 N Eutaw St

20. FILED MAY 9 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1935 to May 5 . 1935

I last saw him alive on May 5 . 1935 Death is said to have occurred on the date stated above, at 2.55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subarachnoid hemorrhage	4/26/35
Hypertension & arteriosclerosis	?
Other contributory causes of importance:	
Chronic alcoholism	years

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Carmichael Lynch M. D.

(Address) Johns Hopkins Hospital

M. D. F. No. 3 — WRITE PLAINLY. See instructions on back of certificate. All information is very important. State CAUSE OF DEATH, OCCUPATION

M. D. F 1248-9

12447

HEALTH DEPARTMENT—CITY OF BALTIMORE

12447

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Gatlin

(a) Residence: No. 909 N. Carrollton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Elsie Gatlin

6. DATE OF BIRTH (month, day, year) December 25, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5 4	1 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilson North Carolina

FATHER

13. NAME ? Joseph C. Gatlin

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME ? Lucy Hill.

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT Elsie Gatlin
(Address) 909 N. Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 9, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 3211 E. Schroeder St.

20. FILED MAY 8 - 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 1-35

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Paul Schember, M. D. Coroner

(Address) 1919 E. North Ave

M. D. F. 1268-9

(KATHERINE SYPNIEWSKI)

F 12448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12448

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hop. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Sypniewski

(a) Residence: No. 710 S. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records BCH

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date May 10 1935

19. UNDERTAKER John M. Weber

(Address) 401 N. Charles ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/27 1934 to 5/7 1935

I last saw her alive on 5/7 1935 Death is said to have occurred on the date stated above, at 6 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 wk.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 12449

F 12449 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12449

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 520 Robert St., 14th Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Wesley Goodin

(a) Residence: No. 520 Robert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ruth Goodin

6. DATE OF BIRTH (month, day, year) Sept 6 - 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76	77	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Erline Hall
(Address) 520 Robert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/9/35 19

19. UNDERTAKER Wm. George R. Holland & Son
(Address) 631 Druid Hill Ave

20. FILED MAY 9 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 6 , 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 6, 1935

I last saw h..... alive on May 6, 1935 Death is said to have occurred on the date stated above, at 1 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	3- 6

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Leo S. Allen, M. D.
Coroner

(Address) 527 Augusta

M. D. F 12450

F 12450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Brown.

(a) Residence: No. 8 1/2 Somerset. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Cora.

6. DATE OF BIRTH (month, day, year) 6/17/85.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md.
(State or country)

FATHER

13. NAME Hezekiah Brown.

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Priscilla Diggs.

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Records Bd. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Hard Date 5/9 1935

19. UNDERTAKER J. J. Feaby Son
(Address) 1512 Druid Hill Ave

20. FILED [illegible] Registrar.

5-9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1935 to 5/2 1935

I last saw him alive on 5/2 1935. Death is said to have occurred on the date stated above, at 6 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach (?)	2 mos?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify)

(Signed) Robert A. Peter M. D.

(Address) Balto City Hosp

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible] F 12451

F 12451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1630 W. Pressmain st. St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Ellen Cuff

(a) Residence: No. 1630 W. Pressmain st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Cuff

6. DATE OF BIRTH (month, day, year) 1873 May 15th.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion, Md

FATHER

13. NAME William Corbin

14. BIRTHPLACE (city or town) (State or country) Marion, Md.

MOTHER

15. MAIDEN NAME Mary Ballard

16. BIRTHPLACE (city or town) (State or country) Marion, Md.

17. INFORMANT Evelena Barnett

(Address) 1630 Pressmain st.

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cem Date May 10 1935

19. UNDERTAKER Joseph A. Lisby

(Address) 409 N. Mount Street

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 5th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2nd. 1935 to May 5th. 1935

I last saw her alive on May 4th. 1935 Death is said to have occurred on the date stated above, at 6.00 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral Hemmorhage	May 3rd. 1935

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12452

CERTIFICATE OF DEATH

159 F 12452

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 255 W Hoffman 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Dunlap

(a) Residence: No. 255 W Hoffman Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 4th 1935

7. AGE: Years ... Months 10 Minutes ... Days ... Less than 1 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bath Me

FATHER

13. NAME: Guy Dunlap

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Grace Richardson

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Guy Dunlap
(Address) 255 W Hoffman

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 8 . 1935

19. UNDERTAKER
(Address)

20. FILED MAY 9 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 4th . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 4 pm ... death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Prematurity Birth — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify

(Signed) ... Coroner ... M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. H. F. 12

F 12453

F 12453

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. ..... Ward)

Length of residence in city or town where death occurred 20 yrs. .. mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs. Sarah Shipley

(a) Residence: No. 1519 W. Lombard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Charles H. Shipley

6. DATE OF BIRTH (month, day, year) July 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	9	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... | 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Piedmont W. Virginia

FATHER

13. NAME Jacob Kerns

14. BIRTHPLACE (city or town) (State or country) Moorefield W. Virginia

MOTHER

15. MAIDEN NAME Emily M. Souders

16. BIRTHPLACE (city or town) (State or country) Morgan County Maryland

17. INFORMANT Mrs. Katherine Sahner
(Address) 26 Powell Place Mt. Lebanon, Pittsburg, Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 10 19 35

19. UNDERTAKER Joseph L. Cook
(Address) 1005 W. Baltimore St.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8/35 19

22. I HEREBY CERTIFY, That I attended deceased from 4/23/35 19 to 5/8/35 19
I last saw h.. alive on 5/8/35 19 . Death is said to have occurred on the date stated above, at 8 35 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Cerebral Hemorrhage	

Other contributory causes of importance:

Generalized Arteriosclerosis	
Secondary Anemia	

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.
(Address) University Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

V 85 3

M. D. B. 1268 F 12454

F 12454

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2540 Lauretta Ave. St., 20 Ward)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nora P. Brunner

(a) Residence: No. 2542 Lauretta Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank P. Brunner

6. DATE OF BIRTH (month, day, year) December 13, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME William T. Toleman

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Minnie Hill

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Frank P. Brunner

(Address) 2542 Lauretta Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery May 10, 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1005 W. Baltimore St.

20. FILED ..... 19..

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/8/33, 19.. to 5/7/, 1935

I last saw her alive on 5/6/, 1935 Death is said to have occurred on the date stated above, at 810 Am.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 9/1/34

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 4/4/35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

M. D. B. 1268-9

12455

F 12455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 27 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah A. Johnson.

(a) Residence: No. Pimlico Rd & Steele Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Mute.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 2/15/1853.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82.	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co, Md

FATHER

13. NAME Geo. Thompson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Garrett.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmell Balto Co Date May 11. 1935

19. UNDERTAKER John Burns Sons
(Address) Towson Md

20. FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9. 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/29. 1935 to 5/9. 1935

I last saw her alive on 5/9. 1935 Death is said to have occurred on the date stated above, at 6 21 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 12456

12456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 76 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Good

(a) Residence: No. 3709 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 18 1935

7. AGE: Years | Months | Days: 2 | If LESS than 1 day: hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Raymond Good

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

MOTHER

15. MAIDEN NAME: Alice De Rosky

16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Date: May 9 1935

19. UNDERTAKER

(Address)

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): April 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18th 1935 to April 20th 1935

I last saw h[illegible] alive on April 20th 1935. Death is said to have occurred on the date stated above, at 7 6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	4/18/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

1362

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12457

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12457

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Brendon 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Wilson Diven

(a) Residence: No. 3000 Brendon St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ...

6. DATE OF BIRTH (month, day, year): Dec 26-1883

7. AGE — Years: 51 | Months: 5 | Days: 12 | If LESS than 1 day, hrs. or min.: ...

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dairy

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: James W Diven

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Elizabeth Occonen

16. BIRTHPLACE (city or town) (State or country): B N J.

17. INFORMANT: Joseph Diven

(Address): 3600 Brendon ave

18. BURIAL, CREMATION, OR REMOVAL: London Pk May 10-1935

19. UNDERTAKER: Jos J Stevenson Son

(Address): 3001 Pinkney ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 '35 to May 8, 1935

I last saw him alive on May 7, 1935. Death is said to have occurred on the date stated above, at 6.9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular	
C. V. S. Syphilis	

Other contributory causes of importance:

Phthisis Pulmonis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Gustave A Frost, M. D.

(Address) 6801 Edmondson Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12458

F 12458 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 107-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.
CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Berry

(a) Residence: No. Eastern Ave Rd, Balto Co Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Berry

6. DATE OF BIRTH (month, day, year) Apr 9 - 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	00	30 ds	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER
13. NAME Patrick - Berry
14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER
15. MAIDEN NAME Margaret - Cunningham
16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT James Berry (Son)
(Address) 145 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 11 1935

19. UNDERTAKER Tilly & Zeilenfelder
(Address) 405 E Monument

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 8 1935
I last saw him alive on May 8 1935 Death is said to have occurred on the date stated above, at 3 15 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Hypostatic Bronchio Pneumonia	3 days

Other contributory causes of importance:

Name of operation — Date of ... No

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) ... M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 12459

12459 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 627 S Lakewood Ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME August Preuss

(a) Residence: No. 627 S Lakewood Ave St., 1 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dora Preuss

6. DATE OF BIRTH (month, day, year) May 20 1847

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
87	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME August Preuss

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hugh Huether (son in Law)

(Address) 627 S Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 11 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 So Chester St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 35

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 7 1935

I last saw him alive on May 6 — 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	1935
Other contributory causes of importance: Arterio Sclerosis	?
Senility	

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Alma B. Lemmon M. D.

(Address) 718 N. Patterson Park Ave

V S 3

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12460

F 12460 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1815 Eastern Ave St., V Ward)

Length of residence in city or town where death occurred 74 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna D Langrehr

(a) Residence: No. 1815 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louis Langrehr

6. DATE OF BIRTH (month, day, year) June 13-1860

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	10 11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Ann Echuch

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Harry Langrehr
(Address) 1815 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 10 1935

19. UNDERTAKER Selby & Zeller Inc
(Address) 403 Edmondson Ave

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 17 1934 to May 7 1935

I last saw her alive on May 7 1935 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset Oct 17 35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Geo. Heller M. D.

(Address) 1437 Gough St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Reg. No. 1935

AdCo. 5-31 2500

F 12461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12461

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2956 Keswick Rd St., 13 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Levi H. Keller

(a) Residence: No. 2956 Keswick Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Emma Keller

6. DATE OF BIRTH (month, day, year) Sept 27th 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	73	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pa. Ry Co

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME Christian Keller

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Lucinda Hartman

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Mrs. R. Potteiger
(Address) 2926 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 11th 1935

19. UNDERTAKER R. S. Marshall
(Address) 3839 Falls Road

20. FILED ... 19... Registrar.

May 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1935, to May 8, 1935

I last saw him alive on May 8, 1935 death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endocarditis	2yrs
Arteriosclerosis and hypertension	6yrs.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Isaac Dunbar M.D.

(Address) 846 W 36th St. Balto.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1266-9

F 12462 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12462

CERTIFICATE OF DEATH

34-3-111-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 817 Power Street St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William R. Kisner

(a) Residence: No. 817 Power Street St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace Evans Kisner

6. DATE OF BIRTH (month, day, year) Feb 5, 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Nicholas Kisner

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Mary Bailey

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Grace Evans Kisner

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 11, 1935

19. UNDERTAKER D. S. Markgraf & Bro.

Address .....

20. FILED ..... 19..... .....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to May 9, 1935.

I last saw him alive on May 8, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	May 8, 35

Other contributory causes of importance: None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) .....

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cor.—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12463

F 12463

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. 1303 Mosling Ave St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Ellen Lavin

(a) RESIDENCE NO. 1303 Mosling Avenue Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Lavin

6 DATE OF BIRTH (month, day, and year) Sept 18 1875

7 AGE	Years	Months	Days	IF LESS than 1 day ...hrs. or ...min.
	59	7	18	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town)

(State or country) Baltimore City

PARENTS

10 NAME OF FATHER Thomas McDonald

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Ireland

12 MAIDEN NAME OF MOTHER Margaret Fenning

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Ireland

14 Informant Charles Lavin

(Address)

15 Filed ..... 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 6 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquiring (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Prob. Cerebral Hemorrhage

(duration) ...yrs. ...mos. ...ds.

CONTRIBUTORY (Secondary)

(duration) ...yrs. ...mos. ...ds.

(Signed) Wm R. Lenhoss M. D.
(Coroner)

May 6, 1935 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parkwood Date of Burial May 10 1935

20 UNDERTAKER H. S. Marshall ADDRESS 3539 Gall Rd

The amount of penalty applicable to this section is $100.00. It should be remembered that the purpose of this law is to secure a correct statement of the facts relating to each birth and death, and that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

9 1935

M. D. B 1268-9

✓ F 12464

HEALTH DEPARTMENT—CITY OF BALTIMORE

12464

93-D

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found on a lot foot of

CITY OF BALTIMORE: (No. Aluvian St east of Warner St. Ward)

Length of residence in city or town where death occurred Do not know. yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick C. Daeters.

(a) Residence: No. 771 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of ----------
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Camden, N.J.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U.S. National Date May 10 19 35

19. UNDERTAKER Gilbert W. Bethyay
(Address) 440 E North Ave

20. FILED ..., 19.... Registrar.

MY 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 5, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
5/9/35 (Address) 1017 E. Charles St. Coroner

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12465

F 12465 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: No. Maryland General Hospital St., (or Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Mrs. Fannie Pascal

(a) Residence: No. 410 E. 21st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion V Pascal

6. DATE OF BIRTH (month, day, year) May 17, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Barthlow, Md.

FATHER

13. NAME Dennis Bowser

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Young

16. BIRTHPLACE (city or town) (State or country) Montgomery Co, Md.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Marvin Chapel Date May 12 1935

19. UNDERTAKER Albert W Berry
(Address) 4406 north ave

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1935 to May 9 1935

I last saw her alive on May 9, 1935. Death is said to have occurred on the date stated above, at 2 3/4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	5-6-35
Chronic Myocarditis	2-1-18

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Claude Elliott Babcock M. D.
(Address) Maryland Gen. Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12466 ✓ B 12466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 East 23rd St., 17 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Charles Clark

(a) Residence: No. 218 East 23rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME unknown.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Pearl Simmons
(Address) 218 East 23rd

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 9th, 1935

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 McCulloh St.

20. FILED Huntington Ave. Registrar

MAY 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to May 7, 1935

I last saw h alive on May 7, 1935. Death is said to have occurred on the date stated above, at 6:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Ulcerated Syphilis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Many Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) L. A. Johnson M. D.

(Address) 2329 E. Lanvale St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 12-40 B 12467 F 12467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ X 97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 14 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Norman Harris

(a) Residence: No. Cambridge St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) —

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

FATHER

13. NAME Samuel R Harris

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Md.

MOTHER

15. MAIDEN NAME Idelia Schoolfield

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT G. Le Compte
(Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Cambridge Md. Date 5/10/35 19

19. UNDERTAKER John C. Mitchell
(Address) 1900 Eutaw Place

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/25/35 . 19 to 5/9/35 . 19 .
I last saw him alive on 5/9/35 . 19 . Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure,	
Malignant Hypertension	
Other contributory causes of importance:	
Generalized Arteriosclerosis	

Name of operation None. Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Hugh B. McNally M. D.
(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

213

M. D. No. 12468 F 12468

F 12468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Hall

(a) Residence: No. Madison & Dallas St., 716 N Bond St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Hall

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75 ~~64~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown (?) Md

FATHER

13. NAME Kenney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Caroline Cooper

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Bd H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury cemetery Date May 11 1935

19. UNDERTAKER Edw B-r Jr. & Son

(Address) 1631 Orleans st

20. FILED MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/8 1935 to 5/8 1935

I last saw him alive on 5/8 1935 Death is said to have occurred on the date stated above, at 8 31 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia.	4 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L. Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

3

M. B. [illegible] F 12469

F 12469

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 811 S. Wolf St., 2 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME James Leo Mc Namara

(a) Residence: No. 508 So. Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of x

6. DATE OF BIRTH (month, day, year) 1 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	36			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant Marine

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Va

FATHER

13. NAME John F. Mc Namara

14. BIRTHPLACE (city or town) (State or country) Richmond Va

MOTHER

15. MAIDEN NAME Loulla Gilmer

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs Bernard L. Mann
(Address) 4816 Williamsburg Ave Richmond

18. BURIAL, CREMATION, OR REMOVAL
Place Richmond Va Date May 10. 1935

19. UNDERTAKER Wm J Jackson & Sons
(Address) Mut & Pennsylvania

FILED MAY 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h[illegible] alive on ..... 19 ..... Death is said to have occurred on the date stated above, at about 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	

Other contributory causes of importance:
alcoholism + exposure

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
no. If so, specify .....

(Signed) V. V. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6

M. D. F. 1268 F 12470

F 12470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Katherine Blum

(a) Residence: No. 617 N Hamburg St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

5a. If married, widowed, or divorced WIFE of George.

6. DATE OF BIRTH (month, day, year) 6/12/1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Louis L. Equer.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz. Rittmiller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date May 11th 1935

19. UNDERTAKER Gebelmann Son

(Address) 1039 Hanover st

20. FILED MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1935 to 5/7 1935

I last saw her alive on 5/7 1935 Death is said to have occurred on the date stated above, at 6 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A Reis M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12471 12471

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 11 Ward) 107-a (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawenia Brunson

(a) Residence: No. 316 W Preston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): 1870

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER
13. NAME: Morgon Williams
14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER
15. MAIDEN NAME: Hester Gibbon
16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Zion Cemty Date: May 10 19 35

19. UNDERTAKER: Adolphus Halstead
(Address): 918 Druid Hill Ave

20. FILED: MAY 10 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to May 6 1935
I last saw h alive on May 6 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonal Abscesses	1934
Other contributory causes of importance: Broncho-pneumonia	5/3/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Samuel A Gorgel M. D.
(Address) Balto City Hospitals

Information should be carefully supplied. Any blank should be filled out. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12472

CERTIFICATE OF DEATH

94a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospt St. 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Gleason

(a) Residence: No. I405 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 18, 1884.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Michael Gleason

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Frawley

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Miss Catherine Gleason
(Address) # I405 W. Lexington St,

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/ I3/ 1935

19. UNDERTAKER John J. Cowan & Son
(Address) # 901 Holling St.

MAY 10 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/ 9/ 1935.

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	
Other contributory causes of importance:	

Name of operation Dropped dead. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H Phillips M. D.

(Address) Q 1939 Edmondson Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

12473

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12473

CERTIFICATE OF DEATH

✓ 93-D

1. PLACE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5506 Minnoka Ave. St. 27 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Banjamin King

(a) Residence: No. 5506 Minnoka Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty King

6. DATE OF BIRTH (month, day, year) Sept. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Shirt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Samuel King

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mina Hertzberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Wm. Morris (Daughter)

(Address) 5506 Minnoka Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date May 10, 19 35

19. UNDERTAKER Baird Sondheimer & Son.

(Address) 1902 Eutaw Place

20. FILED MAY 10 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h... alive on July 1934 19.... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) 850 W. 36th. St.

Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Sinai Hospital St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dr. David Goebricher

(a) Residence: No. Cylburn Apts. (Eutaw Place & Brooks Lane) St. ..... Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Goebricher

6. DATE OF BIRTH (month, day, year) Nov. 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Sussman Goebricher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Regina ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Sarah Goebricher

(Address) Sinai Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Baltc. Hebrew Cem Date May 10, 1935

19. UNDERTAKER Abrid Sondheim - Son

(Address) 1902 Eutaw Place

20. FILED MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h..... alive on ....., 19... Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric Ulcer	?
Other contributory causes of importance:	
Peritonitis	1 day
Mediastinitis	" "

Name of operation ..... Date of .....

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 East North Ave

Information should be carefully supplied. Any unknown or doubtful statement should be omitted. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Over

M. D. B. 1268-9

F 12475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12475

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 N LYNDHURST ST. Ward)

Length of residence in city or town where death occurred 59 yrs. 8 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME EVA CLOUD CLAIBORNE

(a) Residence: No. 524 N LYNDHURST ST Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE | 4. COLOR OR RACE: WHITE | 5. Single, ~~Married, Widowed, or Divorced (write the word)~~: SINGLE.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): AUG. 4 1875

7. AGE: 59 Years | 8 Months | 4 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: RETIRED SCHOOL TEACHER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): BALTO MD.

FATHER

13. NAME: CHAS. H. CLAIBORNE

14. BIRTHPLACE (city or town) (State or country): BALTO MD.

MOTHER

15. MAIDEN NAME: JANE E. CANNON

16. BIRTHPLACE (city or town) (State or country): SPARTANBURG S.C.

17. INFORMANT: DR. C. H. CLAIBORNE

(Address): 506 CHAPEL GATE LANE.

18. BURIAL, CREMATION, OR REMOVAL: MT OLIVET Date: 5/10/35

Place:

19. UNDERTAKER: George H. Lembert

(Address): 1525 Eutaw Pl.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1932 to May 8 1935

I last saw her alive on May 7 1935 Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

Myelogranulocytic Leukaemia — Date of onset Oct 32

Cerebral Anaemia and cardiac weakness

Other contributory causes of importance:

Name of operation: No Date of

What test confirmed diagnosis? Blood Examination Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury ..... 19 .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: None

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wesley Cole M. D.

(Address) 1207 Gilmor St.

information should be carefully supplied. AGE should be stated in years, months, and days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12476

M. D. B. 1268-9

29876 12476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 66 yrs. 7 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles M Childs

(a) Residence: No. 330 Lichester ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick & Minnie Childs

6. DATE OF BIRTH (month, day, year) 10-4-68

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scientific Instrument Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J. H. U.

10. Date deceased last worked at this occupation (month and year) ....

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Charles A Childs

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Cath Kirkpatrick

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date May 11 1935

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 9 1935

I last saw him alive on May 9 1935 Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	4-28
Septicemia Colon Bac.	5-5
Urinary Tract infect. Colon Bac.	5-2
Bladder Tumor	over
Obstruction at ureter	
Other contributory causes of importance: Pneumonia	5-6

Name of operation ..... Date of post at

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dean D. Lewis M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12477

12477 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-C-2.

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1021 Ashland Ave St. 10 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Parker

(a) Residence: No. 1021 Ashland Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Moden Parker

14. BIRTHPLACE (city or town) (State or country) Greenville. N.C.

MOTHER

15. MAIDEN NAME Rosa Williams

16. BIRTHPLACE (city or town) (State or country) Greenville, N.C.

17. INFORMANT Rosa Parker
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date May 10 1935

19. UNDERTAKER .....
(Address)

20. FILED 10 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Apr 30/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Syphillitic Aortiti	
(History of "given Needles" at Hookins Clinic.)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. L. Kaer ....., Coroner, M. D.

(Address) 508 E North Ave

A

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 12478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12478

94-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital, Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME George Gete

(a) Residence: No. Westminster, Md St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 10 19 35

19. UNDERTAKER

(Address)

20. FILED MAY 10 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Eugene Feller, M. D. Coroner

(Address) 2239 Eastern Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. 3 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12479

F 12479

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margret Mary Kilduff

(a) Residence: No. 2501 Dulaney St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-9-1929.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
5	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John E Kilduff

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Gertrude Balderus

16. BIRTHPLACE (city or town) (State or country) Maryland Balto Co.

17. INFORMANT Mrs Gertrude Kilduff
(Address) 2501 Dulaney St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet, Date 5-11-35

19. UNDERTAKER Wendell E Humphreys
(Address) 1501 N Broadway

20. [illegible] Registrar.

MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw her alive on 5/8, 1935. Death is said to have occurred on the date stated above, at 3.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	
Contusion Left Chest	
Deep Lac rt Inguinal region	
Perineal Lacerations	
Other contributory causes of importance:	
P. O. Shock	
Accidental	
Name of operation Hemipelvic Bones	Date of 5/8/35
What test confirmed diagnosis? ..... Was there an autopsy? No	

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5/8, 1935
Where did injury occur 2501 Dulaney St
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Pleasure Street
Manner of injury Accidental (Auto)
Nature of injury Same

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) [illegible] M. D.
Coroner
(Address) 5142 Park Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12480 ✓ F 12480

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

F 12480

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1737 N. Milton St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Lorba

(a) Residence: No. 1737 N. Milton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vincent Lorba

6. DATE OF BIRTH (month, day, year) Oct 4, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	7	6	5

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Johan Ignacio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Wilhelmina Ignacio

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) Vincent Lorba 1737 N. Milton

18. BURIAL, CREMATION, OR REMOVAL Place Bay View Date May 12 1935

19. UNDERTAKER Frank E. Crouch & Son (Address) 1606 Ashland Ave

19. FILED MAY 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1935 to May 9 1935

I last saw h alive on May 9 1935 Death is said to have occurred on the date stated above, at 12 55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uraemia	5/3/35
Other contributory causes of importance: Cardio Vascular Renal Disease	?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E. Monument

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12481 HEALTH DEPARTMENT—CITY OF BALTIMORE 12481

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 1 mos. 26 dys. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Cora E. Mills (CORA ELLEN MILLS)

(a) Residence: No. 2592 Druid Park Drive, Balto., Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced (or) WIFE of Mr. Edward Mills

6. DATE OF BIRTH (month, day, year) Feb. 14, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	38	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Mr. George Hodges

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Bessie Nelson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr. Edward Mills (Husband)

(Address) 2592 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL Mt. Carmel Cemetery (Place) May 12.1935 (Date)

19. UNDERTAKER HENRY SANDER & SONS. INC. By J Sander

(Address) Baltimore & Broadway

20. FILED MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 9, 1935

I last saw her alive on May 9, 1935. Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Other contributory causes of importance: uremia	unknown
Coronary Thrombosis	5/2/35

Name of operation none Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Jos. F. Sadlacek, M. D.

(Address) Church Home & Infirmary

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 10 1935

M. D. B. 1268-9

12482 HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 12482

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hosp. (Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth 28 yrs. mos. ds.

2. FULL NAME Felix Otto Adler

(a) Residence: No. 2736 Reisterstown Road St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hermine Heger Adler

6. DATE OF BIRTH (month, day, year) March 7, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Consulting Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Business

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Prague Bohemia

FATHER

13. NAME Adolf Adler

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Mathilda Tausig

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Hermine Adler (Wife)

(Address) 2736 Reisterstown Rd.

18. BURIAL, CREMATION, OR REMOVAL Druid Ridge Cemetery Date May 11, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Per J. Sander.

(Address) Baltimore & Broadway.

20. Filed MAY 10 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935 to May 8, 1935

I last saw him alive on May 8, 1935 Death is said to have occurred on the date stated above, at 6:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5-3-1935
Streptococcic Septicemia	5-7-1935

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wayde Elliott Babcock M. D.

(Address) Maryland General Hospital.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

12483 ✓ F 12483

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Catons Avenue St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 35 yrs. — mos. — da.

2. FULL NAME Miss Catherine Needham

(a) Residence: No. 1109 North Milton Ave., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) —

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55 yrs.	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) Liverpool (State or country) England

MOTHER FATHER

13. NAME Michael Needham

14. BIRTHPLACE (city or town) County Mayo (State or country) Ireland

MOTHER

15. MAIDEN NAME Julia Clark

16. BIRTHPLACE (city or town) County Mayo (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp.

(Address) 1000 Catons Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5/11 1935

19. UNDERTAKER Henry A. Mears & Son

(Address) 900 W. Fayette St.

20. FILED 5/11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 4th 1935 to May 9th 1935

I last saw h SW alive on May 9th 1935 Death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Breast (Lt)	1934
Post-Operative Pulmonary Metastasis	1935
Other contributory causes of importance:	
Lymphedema Left arm	1935

Name of operation Radical Mastectomy Date of Dec 1934

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James L. Kemp M. D.

(Address) St Agnes Hospital

V. S. R.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ONLY information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V-6-3

M. D. B. 1268-9

12484 F 12484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3801 Echodale Ave. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Unknown mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary A. Campbell

(a) Residence: No. 3801 Echodale Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Campbell

6. DATE OF BIRTH (month, day, year) Feb 8th. 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	3	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Maryland

FATHER

13. NAME Jesse H. Shewell

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Charles Campbell

(Address) 3801 Echodale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date May 11th. 35

19. UNDERTAKER Frederick Leadmon Sons

(Address) 7401 Belair Road

20. [illegible] Washington Baltimore, Md. Registrar

MAY 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1929 to May 8 1935

I last saw h[illegible] alive on May 8 1935 Death is said to have occurred on the date stated above, at 7.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardial disease	6 yrs.
Other contributory causes of importance: Aneurismal dilatation of heart	1 day

Name of operation — Date of .....

What test confirmed diagnosis Physical signs Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Lee Stahnes M. D.

(Address) 4116 Northern Parkway

FILL IN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. ANY FALSE information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12485

F 12485 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 3105 Mary Ave St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise B. Nagel

(a) Residence: No. 3105 Mary Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Nagel

6. DATE OF BIRTH (month, day, year) Sept. 12th. 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Grueninger

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Mr. A. Nagel

(Address) 3105 Mary Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 11th. 1935

19. UNDERTAKER Frederick Lissau & Son

(Address) 7401 Belair Road

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9 1935 to May 9 1935

I last saw her alive on May 9 1935 Death is said to have occurred on the date stated above, at 4.26 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	May 9 1935
Other contributory causes of importance: Arteriosclerosis.	a number 7 years

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Morris B. Green M. D.

(Address) 5543 Harford Rd Balto Md

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 12486

F 12486 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-105

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp't St., 19 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Wilson

(a) Residence: No. 512 Tyson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Chas Wilson

6. DATE OF BIRTH (month, day, year): 1905

7. AGE: Years 30 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private family
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Fred Co Md

FATHER

13. NAME: Lou Tomy
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Watson
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Chas Wilson Husband
(Address) 512 Tyson St

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park
Date 5/14, 1935

19. UNDERTAKER: Bruce P. Armsby
(Address) 818 Fremont Ave.

20. FILED: MAY 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-20, 1935, to 5-10, 1935

I last saw h[illegible] alive on 5-10, 1935. Death is said to have occurred on the date stated above, at 12:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	5-5-35
Tracheitis, Bronchitis	4-10-35
Streptococcic Pneumonia	?
Hepatic Syphilis	?
Postclinical Coma	

Other contributory causes of importance:

Multiple hemorrhagic Suffusions (abdominal) ?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. R. Adams M. D.

(Address) University Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. B. 1268-9

F 12487

F 12487 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-C

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1039 Pineheights Ave. 25 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin K. Ketchum

(a) Residence: No. 1039 Pineheights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 17, 1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Franklin F. Ketchum

14. BIRTHPLACE (city or town) (State or country) New Jersey,

MOTHER

15. MAIDEN NAME Marie Watson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Marie Ketchum
(Address) 1039 Pineheights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 11th, 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Fayette St

[illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1st, 1935 to May 9, 1935
I last saw him alive on May 8, 1935 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cretenism	
Malnutrition	
Nephritis	
Other contributory causes of importance:	
Asthenia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Benjamin O. McCleary, M. D.
(Address) 430 Poplar Rd

AUG 10 1935

N. B.—WHILE PLANNED, WITH THE ASSISTANCE OF PHYSICIANS, TO BE A PERMANENT RECORD, EVERY ITEM OF information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12488

12488 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12488

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Martin J. Wagner

(a) Residence: No. 219 E. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of — Mary E. Wagner

6. DATE OF BIRTH (month, day, year) Dec. 22. 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	4	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Catherine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Flora A. Heller

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1935

19. UNDERTAKER

(Address)

MAY 10 1935 Huntington Hollins

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1935 to May 8. 1935

I last saw him alive on 7-8-35, Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	5-8-35

Other contributory causes of importance:

Diabetes Mellitus	
Tuberculosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12489 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12489

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1218 E. Fayette St. St., 5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret L. Burch

(a) Residence: No. 1218 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
~~HUSBAND of~~ (or) WIFE of Richard Burch

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John W. Douglas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Margaret Nugent

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary Reynolds

(Address) 1218 E. Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Cathedral Cemetery Date 5/11/35 19

19. UNDERTAKER Bernard A. Feigly

(Address) 535 Stricker ave.

20. FILED MAY 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	Five Years

Other contributory causes of importance:

Uremia	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12490

12490

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1022-E. Monument St., 10 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosetta King Stanley

(a) Residence (No. 1022-E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed or divorced (or) WIFE of George L. Stanley (deceased)

6. DATE OF BIRTH (month, day, year) Aug 7 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (none)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William King

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Hester Hall

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Geo. L. Stanley Jr.

(Address) 1022-E Monument St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 5/11, 1935

19. UNDERTAKER Mrs Chas C. Taylor

(Address) [illegible]

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-18-1931 to 5-8-1935

I last saw her alive on 5-8-1935 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Lobar Pneumonia	5/1/35
Other contributory causes of importance: Acute Bronchitis & Uremia.	4/18/35

Name of operation None Date of

What tests confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James R Blake M. D.

(Address) 924 Arlington Street

N. B.—WHITE PAPER, WITH BLACK INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. P. 1268-9 F 12491 F 12491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

20895 F 123

1. PLACE OF DEATH Johns Hopkins Hospital Registered No.

CITY OF BALTIMORE: (No. 7 St., E Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Hunter

(a) Residence: No. Muncy Penn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND (or) WIFE of C. B. Hunter

6. DATE OF BIRTH (month, day, year) 6/8/80

7. AGE Years	Months	Days	if LESS than 1 day, hrs. or min.
54	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn -

FATHER

13. NAME Penn Shipyard

14. BIRTHPLACE (city or town) (State or country) Penn

MOTHER

15. MAIDEN NAME Mary Lantz

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Friends -
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Muncy Penn Date 5/11/35

19. UNDERTAKER John B. Mitchell
(Address) 1900 Eutaw Place

MAY 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 10, 1935
I last saw her alive on May 10, 1935. Death is said to have occurred on the date stated above, at 3:25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia — about	4-1-35
Congenital Polycystic Kidneys, Bilateral - Life -	

Other contributory causes of importance: —

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Jas. E Brownell M. D.
(Address) Johns Hopkins Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12492

F 12492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S Schroeder St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Hobbs

(a) Residence: No. 28 S. Schroeder St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	N	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Eugene Hobbs

6. DATE OF BIRTH (month, day, year) Jan. 7 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	4	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Francis Dumow

14. BIRTHPLACE (city or town) (State or country) Russ.

MOTHER

15. MAIDEN NAME Elizabeth Grey

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Bertha Jones

(Address) 28 S. Schroeder St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date May 13. 1935

19. UNDERTAKER Adam Schumacher Sons

(Address) Baltimore Md.

20. FILED May 13 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935.

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935. to May 11, 1935

I last saw her alive on May 9, 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia, — Date of onset 10 day

Other contributory causes of importance:

Chronic Interstitial Nephritis, — 2 yr

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A Evans, M. D.

(Address) 612 N Hil St.

M. D. P. F 12493

F 12493

HEALTH DEPARTMENT—CITY OF BALTIMORE

298906

CERTIFICATE OF DEATH

108-13

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Catherine Hughes

(a) Residence: No. 3234 Barclay St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 2/25/08

7. AGE: Years 27; Months 2; Days 14; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None. (37)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): md.

FATHER

13. NAME: Joseph Barrett

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Ida Bond

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records. JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Mt. Pleasant Cemetery May 11 1935

19. UNDERTAKER (Address): Archibald A. Geddis 2141 Pennsylvania Ave.

20. FILED: MAY 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1935 to May 7, 1935

I last saw her alive on May 7, 1935. Death is said to have occurred on the date stated above, at 11:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic pyelonephritis	
Lobar pneumonia of both lungs,	4/28/35
Middle lobe pneumonia,	
Hemolytic streptococcus	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? (Culture, Path.) Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carmichael Silgliano M. D.

(Address) Johns Hopkins Hospital

M. D. P. F 8-9—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12494 F 12494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (or) 1512 Gilmor ST. 17 WARD

2-FULL NAME Sarah James Gosnell

(a) RESIDENCE NO. 623 N. Sandal ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if at foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Divorced

5a If married, widowed or divorced HUSBAND of (or) WIFE of: Howard Gosnell

6 DATE OF BIRTH (month, day, and year): Sept 1883

7 AGE: Years 52 Months 5 Days If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): do
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

PARENTS

10 NAME OF FATHER: Philip Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country): Carroll Co Md

12 MAIDEN NAME OF MOTHER: Narcissa Hall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Carroll Co Md

14 Informant (Address): Mrs Florence E. Gosnell 623 N. Lanvale St

15 Filed, 19

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 9, 1935

17 I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1935, to May 9, 1935, that I last saw h alive on May 9, 1935, and that death occurred, on the date stated above, at 6. 11 P. M.

The CAUSE OF DEATH* was as follows:

Ac. Bronch. Pneumonia

(duration) yrs. 2 mos. ds.

CONTRIBUTORY (Secondary): Myocarditis over

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Charles I. Wood M. D.

19 (Address) 811 Harlem Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: White Rock Carroll County — DATE OF BURIAL: 5/12 1935

20 UNDERTAKER: Robert L. Young — ADDRESS: 804 N. Caroline

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B 1268-9

F 12495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12495

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 25 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lina Shipley

(a) Residence: No. 3901 N Wilkins Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Edgar

6. DATE OF BIRTH (month, day, year) 12/15/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME William Rowe

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Ellen Bayne

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records B of H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date May 11 . 19 35

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Fayette Sts

MAY 11 1935 . 19 Huntington & Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10 . 1935 to 5/9 . 1935

I last saw her alive on 5/9 . 1935 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reis M. D.

(Address) Balto City Hosp

F 12496

L. D. B. 1268-9

F 12496 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood apts. St., 13 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85 yrs. 2 mos 9 ds. How long in U. S. If of foreign birth? 85 yrs. 2 mos 9 ds.

2. FULL NAME Joseph Thomas Lawton

(a) Residence: No. Homewood apts St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary T. Lawton

6. DATE OF BIRTH (month, day, year) March 1 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wool Stock

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 65 yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John L. Lawton

14. BIRTHPLACE (city or town) (State or country) Norfolk Va.

MOTHER

15. MAIDEN NAME Henrietta M. Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Joseph T. Lawton Jr.
(Address) 119 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date May 12 1935

19. UNDERTAKER Stewart & Warren Co
(Address) 108 W. North Ave.

20. FILED MAY 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to May 9 1935

I last saw him alive on May 9 1935 Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	1/7/35
Other contributory causes of importance: Acute Cholecystitis	3/29/35
Chronic Nephritis Fracture of femur	10½ yrs

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) W. H. Hopkins M. D.

(Address) 1014 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1768-9

F 12497

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12497

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Mercy Hospital St., 11 Ward)

Length of residence in city or town where death occurred 54 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Wise

(a) Residence: No. 1318 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of J. Dallam Wise

6. DATE OF BIRTH (month, day, year) Nov-28-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc none

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME Could not ascertain

14. BIRTHPLACE (city or town) (State or country) Could not Ascertain

MOTHER

15. MAIDEN NAME Could not ascertain

16. BIRTHPLACE (city or town) (State or country) Could not ascertain

17. INFORMANT J. Dallam Wise (husband)
(Address) 1318 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Woodlawn Cem. Date May-11-1935

19. UNDERTAKER Stewart & Mowen Co.
(Address) 1084 W North Ave

20. FILED MAY 11 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 4:20 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset May 9, 1935

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If w... specify. (Signed) Elmer B. Wallace M. D.
Coroner

(Address) 16 E. St. Paul St.

INFORMATION—WRITE PLAINLY, WITH INK AND IN ENGLISH—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec—12-9-25—A Co—200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12498

F 12498

CERTIFICATE OF DEATH.

93c ✓

REGISTERED NO. 6264

1-PLACE OF DEATH

City of BALTIMORE: (No. 1723 Maryland St. 19th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Martha Carter

(a) RESIDENCE NO. 1723 Maryland St. 19 Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 Color or Race: Negro

5 Single, Married, Widowed, or Divorced. (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Cornelius Carter

6 DATE OF BIRTH (month, day, and year): 1887

7 AGE: Years 48 | Months | Days | IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town)

(State or country): N. C.

PARENTS

10 NAME OF FATHER: Edward Walker

11 BIRTHPLACE OF FATHER (city or town)

(State or country): N. C.

12 MAIDEN NAME OF MOTHER: unknown

13 BIRTHPLACE OF MOTHER (city or town)

(State or country): N. C.

14 Informant: Cornelius Carter

(Address): 1923 Maryland

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 10 1935

17 I HEREBY CERTIFY, That I attended deceased from April 15 1935, to May 10, 1935

that I last saw her alive on May 10, 1935

and that death occurred, on the date stated above, at 12:30

The CAUSE OF DEATH* was as follows:

Cerebral hemorrhage

(duration) ..... yrs. ..... mos. 2 da.

CONTRIBUTORY (Secondary): hypertension

(duration) 1 yrs. ..... mos. ..... da.

ts where was disease contracted: —

If not at place of death!

Did an operation precede death! No Date of

Was there an autopsy! No

What test confirmed diagnosis!

(Signed) Wm H Smith, M. D.

May 13 1935 (Address) 514 Huntington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem Date of Burial: May 13 1935

20 UNDERTAKER: Mrs Bates & G. Elliott Haughton ADDRESS 1129 Lan

Huntington & Baltimore, Md.

Ht.

MAY 11 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1[illegible]-9 F 12499

F 12499

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2939 St. Paul St. St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Andrew Diggs

(a) Residence: No. 2939 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Zoe Sutherland

6. DATE OF BIRTH (month, day, year) Feb. 9, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	--	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Robert T. Diggs

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliza Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Zoe S. Diggs
(Address) 2939 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date 5/11/35

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 '26 to May 9 '35

I last saw h. alive on May 8 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	—
	over
Other contributory causes of importance:	
Arteriosclerosis	—
Hypertension	—
Non malignant	
Name of operation Supra-Pubic Cystotomy	Date of Feb 9/14
What test confirmed diagnosis? above	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Wilmer Ford M. D.

(Address) 20 E. Preston St.

N. D. B. 1268-9

F 12500

F 12500 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

54-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 306 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME August John Regner

(a) Residence: No. 7100 Philadelphia Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 3

MAY 11 1935

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Eleanor Regner

6. DATE OF BIRTH (month, day, year) April 5, 1873

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairy Farm Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Health Dept

10. Date deceased last worked at this occupation (month and year) 4/14/35

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Conrad Regner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Springel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary Eleanor Regner
(Address) 7100 Philadelphia Road

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem Date May 12 1935

19. UNDERTAKER Mrs E. Miller Sons
(Address) 2537 Gilmor St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1935 to 5-8, 1935

I last saw him alive on 5-8, 1935. Death is said to have occurred on the date stated above, at 8.35 P m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
1. Pulmonary Embolism	5-8-35
Other contributory causes of importanre:	
Suprapubic cystotomy	4-22-35
Colostomy	5-8-35
Papilloma of Bladder (Benign)	?

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suiride, or homiride? ... Date of injury ..., 19...

Where did injury ocrur? (Specify city or town, county, and State)

Specify whether injury ocrurred in industry, in home, or in publir plare ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) W Holt W Fare, M. D.

(Address) University Hospital

M. D. B 1268-9

F 12501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12501

CERTIFICATE OF DEATH

X 216-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Wm Kilber

(a) Residence: No. Wampler Rd, (Usual place of abode) Essex St., Balto. Co. Md Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	~~Widowed~~ married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): unknown

FATHER

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Blanche Brown (Address) Wampler Rd, Middle River

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 11th 1935

19. UNDERTAKER: Bernard P. Hemsley (Address) 818 Druid Hill Ave

20. FILED MAY 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) April 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ~~May~~ ....., 19..., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	4/24/35

Other contributory causes of importance:

automobile accident	4/24/35

Name of operation none Date of ✓

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury 4/24 1935

Where did injury occur? Ebenezer Rd nr. Bird River Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street Accident

Manner of injury Auto in which he was riding

Nature of injury ran off road & upset.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph P. Kenny M. D. Coroner

(Address) 2200 E. Monument St.

State CAUSE OF DEATH in OCCUPATION is very important

Use certificate.

M. D. B 1268-9

V F 12502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12502

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 443 Pittman Place) (V Ward)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ella Price

(a) Residence: No. 443 Pittman Place St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Mulatto	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wm Price

6. DATE OF BIRTH (month, day, year) Feb 6, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	3	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Federal NC

FATHER

13. NAME Wm Willis

14. BIRTHPLACE (city or town) (State or country) Federal NC

MOTHER

15. MAIDEN NAME Julia C Allen

16. BIRTHPLACE (city or town) (State or country) Federal NC

17. INFORMANT Wm Price
(Address) 443 Pittman St

18. BURIAL, CREMATION, OR REMOVAL
Place ~~Fairview~~ Date Pall's Cemetery 5/13/35

19. UNDERTAKER Richard A Tenly
(Address) 5/13/35 Hanford Road

20. FILED MAY 11 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to May 10, 1935.

I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at 11:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Pulmonary	Nov 1933
Other contributory causes of importance: Pneumonia (Bronchial)	March 1935 to June 25/35

Name of operation None Date of .....

What test confirmed diagnosis History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
..... If so, specify .....

(Signed) Elvin B. Wallace, M. D.
Coroner

(Address) 1031 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. State whether OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-9

F 12503

F 12503 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1105 N. Stricker St. 16 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edena Dye

(a) Residence: No. 1105 N. Stricker St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Reynolds Dye

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	—	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Lincoln Va

MOTHER

13. NAME Hattie Shattuck
14. BIRTHPLACE (city or town) (State or country) Lincoln Va

FATHER

15. MAIDEN NAME Argie Wilkins
16. BIRTHPLACE (city or town) (State or country) Lincoln Va

17. INFORMANT Rosie Butler
(Address) 1105 N. Stricker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/12 19 35

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED 19 Registrar.

MAY 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9 19 35

22. I HEREBY CERTIFY, That I attended deceased from 2/5 19 35 to 5/9 19 35

I last saw h alive on 5/7 19 35. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/5
	5/7
	5/8

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

N. B.—WRITE PLAINLY. Use ink. Do not use lead pencil. All information should be carefully supplied. AGE should be stated in YEARS. If less than 1 year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12504

F 12504 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 22-1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joshua Turner.

(a) Residence: No. 716 Biven St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/19/1890.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stveldone

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co. Md.

FATHER

13. NAME James Turner.

14. BIRTHPLACE (city or town) (State or country) A. A Co. Md.

MOTHER

15. MAIDEN NAME Marie Johnson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place National Date 5/11 1935

19. UNDERTAKER Thomas E. Kelsey
(Address) 1303 Greenmount Ave.

20. FILED MAY 11 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1935 to 5/7 1935

I last saw him alive on 5/7 1935 Death is said to have occurred on the date stated above, at 2:12 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung (1) — Date of onset 1 mo.

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

N. B.—Write plainly. Should be carefully supplied. All information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

✓ F 12505

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12505

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH University Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Basher Floyd

(a) Residence: No. 127 E North ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

FATHER

13. NAME Edward Floyd

14. BIRTHPLACE (city or town) (State or country) Accomac Co Va.

MOTHER

15. MAIDEN NAME Emma Custard

16. BIRTHPLACE (city or town) (State or country) Accomac Co Va

17. INFORMANT Edward Floyd

(Address) 18-22 Druid Hill St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 11, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 E. Lafayette Ave

20. FILED May 11 1935 Registrar.

information should be carefully supplied, so that it may be properly classified. State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5, 8 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-7- 1935 to 5-8- 1935

I last saw h alive on 5-8- 1935 Death is said to have occurred on the date stated above, at 5'15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gastro-entero-colitis;	5-2-35
Toxic Left Ventricular Failure	5-5-35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert W. Love M. D.

(Address) University Hospital

M. D. B. 1268-9

✓ F 12506

F 12506 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Brantley Pl. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Evan C. Wilson

(a) Residence: No. 1015 Brantley Pl. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Col.	Widr

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pearl Wilson

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penn Co Wilson Sr. Md

FATHER

13. NAME E C Wilson

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Pearl Wilson

17. INFORMANT (Address) 1015 Brantley Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 12, 1925

19. UNDERTAKER (Address) Mrs Katie R Williams 322 N. Schroeder St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1925

22. I HEREBY CERTIFY, That I attended deceased from April 29 1925 to May 9 1925

I last saw h... alive on May 9 1925. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Dis Heart	?

Other contributory causes of importance:

Pulmonary Oedema	May 5

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H J Norwood M. D.

(Address) 939 W Fayette

Information should be carefully supplied. Note that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 12507

F 12507 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 760 Bradley St. 17 Ward)

Length of residence in city or town where death occurred 40 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Peter See

(a) Residence: No. 760 Bradley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: Cal | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lettie See

6. DATE OF BIRTH (month, day, year) Mar 15 1890

7. AGE: Years 45 | Months 1 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year) May - 2 - 35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Essex Co Virginia

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Lettie See (Address) 760 Bradley

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Date May 11, 1935

19. UNDERTAKER Mrs. Katie R. Wilkins (Address) 32 S. Schroeder Ste

20. FILED MAY 11 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May - 5, 1935 to May 8, 1935

I last saw h[illegible] alive on May 8, 1935 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia 6 days — | Date of onset

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Truslow M. D.

(Address) 122 — See

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12508

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 515 S Washington St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME John Bajer (Bajer)

(a) Residence: No. 515 S. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Pawlicka Bajer

6. DATE OF BIRTH (month, day, year) May 7 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	—	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit + vegetable packing house do

10. Date deceased last worked at this occupation (month and year) 5 years

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) not known
(State or country) Germany Poland

FATHER

13. NAME August Bajer

14. BIRTHPLACE (city or town) not known
(State or country) German Poland

MOTHER

15. MAIDEN NAME Magdaline Borkar

16. BIRTHPLACE (city or town) not known
(State or country) German Poland

17. INFORMANT Joseph Anderson (Son in Law)
(Address) 515 S. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 14 1935

19. UNDERTAKER John M Welby
(Address) 401 N. Chester St.

20. FILED MAY 11 1935 . 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremicoma	
Other contributory causes of importance:	
chronic nephritis	about 1933

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. W. Wright, M. D.
Coroner
(Address) 1010 S. Edward St.

state CAUSE OF DEATH in plain terms. Indefinite statements such as "Heart Failure" or "Old Age" are not sufficient. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12509 ✓ F 12509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Tuberculosis Division St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Regulski

(a) Residence: No. 607 S. Patterson Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Stella Regulski

6. DATE OF BIRTH (month, day, year) May 5, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	33		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipyard

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Regulski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Agnes ?

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date May 13th, 1935

19. UNDERTAKER George A Weber
(Address) 725 S Ann street

MAY 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1933 to May 9, 1935

I last saw him alive on May 9, 1935. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospital

information should be carefully supplied. ... state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statements of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 12510 ✓ F 12510

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 60 Kossuth St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Drenner

(a) Residence: No. 60 S. Kossuth St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John D. Drenner Sr.

6. DATE OF BIRTH (month, day, year) May 24 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4631

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

FATHER

13. NAME Joseph Carroll

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John D. Drenner Sr.
(Address) 60 S. Kossuth St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cath Date 5/16/35

19. UNDERTAKER J. Frew McCarthy
(Address) 130 E Fayette St

20. FILED 5/16/35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1935 to May 10, 1935

I last saw h alive on May 10 1935 Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset 4 years

Other contributory causes of importance:

cerebral hemorrhage — 3 mos

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ..... 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury ✓

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify .....

(Signed) F. T. Kyper M. D.

(Address) 3321 Fait Ave

Information should be full and complete, and should be given by person best informed. Use ink and write plainly in unfading ink. Do not use abbreviations or terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

No. 3

M. D. B. 1268-9

F 12511 ✓ F 12511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 W. Barney St. St., 23 Ward)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 15 dds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Baumann

(a) Residence: No. 4 W. Barney St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Paul Baumann

6. DATE OF BIRTH (month, day, year) Oct. 14 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	6	15b	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Seibold

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs. Carrie Easter, 4 W. Barney St

18. BURIAL, CREMATION, OR REMOVAL Place western Cem Date 5/13 1935

19. UNDERTAKER I. Frew McCully (Address) 150 E. Fort Ave.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to May 9 1935

I last saw her alive on May 9 1935 Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	5/8/35
Exhaustion	5/9/35

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

5/10/35 (Signed) Thos. L. Campbell M. D.

(Address) 1644 Hanover St

state CAUSE OF DEATH in plain terms, so that it may be properly classified.
OCCUPATION is very important. See instructions on back of certificate.

MAY 11 1935

6

M. D. P. 1268-B

F 12512

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12512

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 3 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Skopp (Skopinski)

(a) Residence: No. 846 S. Bond St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE: Anastazia Skopp.

6. DATE OF BIRTH (month, day, year): Unk.

7. AGE: Years: 52; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Chemical Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: John Skopp.

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Unk.

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Anastazia Skopp. (Address) 846 S Bond St

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Rosary Date May 13 1935

19. UNDERTAKER: L. W. Brazunski (Address) 1930 Eastern Ave

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24 1935 to May 9 1935

I last saw him alive on May 8 1935 Death is said to have occurred on the date stated above, at 12 40 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach with metastases to liver — Date of onset .....

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Arthur C Kalweit M. D.

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S261 1 KWH

M. D. F. 1268-9

12513

F 12513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 43-C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ~~yrs.~~ ~~mos.~~ 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Howard Patterson

(a) Residence: No. Delta, Pennsylvania St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced ~~Husband of~~ (or) WIFE of Pearle Wise Patterson

6. DATE OF BIRTH (month, day, year) June 3, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) York Co Pa

FATHER

13. NAME Wm C. Patterson

14. BIRTHPLACE (city or town) (State or country) York Co. Pa

MOTHER

15. MAIDEN NAME Augusta Patterson

16. BIRTHPLACE (city or town) (State or country) York Co. Pa

17. INFORMANT Pearl Wise Patterson
(Address) Delta Pa.

18. BURIAL, CREMATION, OR REMOVAL
Place Bayonville Cem Date May 14 1935

19. UNDERTAKER Hubert S. Hankins
(Address) Delta. Pa

20. MAY 14 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-2-35 19 to 5-11-35, 19

I last saw him alive on 5-11-35, 19. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis with hypertension	Unknown
arterio-sclerotic heart disease	
Cerebellar hemorrhage	

Other contributory causes of importance:

Pulmonary edema	

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

Information should be given in plain terms, so that it may be properly classified. State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-21—M&T—1500 Blks.

F 12514

12514

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH.

1-PLACE OF DEATH

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6105 Blackburn Lane ST. 27 WARD)

2-FULL NAME Mrs Ellen Elizabeth Jones

(a) RESIDENCE NO. 6105 Blackburn Lane ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widowed

5a If ~~married~~, widowed, ~~or divorced~~
~~Husband~~ of
(or) WIFE of Capt. Benjamin Jones

6 DATE OF BIRTH (month, day, and year) Feb. 18, 1843

7 AGE	Years	Months	Days	If LESS than 1 day, 9 hrs. or 30 min.
	92	2	21 (22)	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) New York State

PARENTS

10 NAME OF FATHER Jas. S. Evans, D.D.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germantown, Penna.

12 MAIDEN NAME OF MOTHER Ellen E. Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York State

14 Informant Mrs Ernest C. Tracy
(Address) 6100 Blackburn Lane

15 Filed MAY 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 10 1935

17 I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 10, 1935,
that I last saw her alive on May 10, 1935,
and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows:

Anginal Pectoris

(duration) yrs. mos 2 ds.

CONTRIBUTORY (Secondary) Chronic Myocarditis

(duration) 2 yrs. — mos. — ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) M. E. Cole M. D.

5-10, 1935 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Delaney's N Y

DATE OF BURIAL May 12 1935

20 UNDERTAKER Harry A Witzke

ADDRESS Govanstown

N. B.—All information should be carefully supplied. AGE should be stated in last birthday. Exact statement of OCCUPATION is very important. See instructions on back of certificates. CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. P. 1268-9

F 12515

F 12515

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 Fleet St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Neuman

(a) Residence: No. 2538 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William F Neuman

6. DATE OF BIRTH (month, day, year) May 29 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	11	21	11

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Gideon Simpson

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Eleanor Gerstaty

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Wm F Neuman

(Address) 2538 Fleet

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 13 35

19. UNDERTAKER

(Address) 2005 Orleans

20. FILED MAY 11 1935 Harrington Whitehill Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10-35

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to May 10, 1935

I last saw h alive on May 9, 1935. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of cervix uteri	6 mos prior
Other contributory causes of importance: Generalized metastasis	1 mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Emil Bengtson, M. D.

(Address) 2005 E. Balto St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

F 12516

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12516

CERTIFICATE OF DEATH

✓ 93-c

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mathew Thirsty

(a) Residence: No. 2623 Boone St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Rachel Thirsty

6. DATE OF BIRTH (month, day, year) July 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
43	44	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) May 5, 1935

11. Total time (years) spent in this occupation 8 years

12. BIRTHPLACE (city or town) (State or country) Athens Georgia

FATHER

13. NAME Andrew Thirsty

14. BIRTHPLACE (city or town) (State or country) Athens Georgia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Rachel Thirsty

(Address) 2623 Boone St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemty Date 5/13/ 1935

19. UNDERTAKER Mrs Chas G. Barlow

(Address) 1421 Jefferson St

20. FILED 5-12-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	?

Other contributory causes of importance:

Pulmonary Edema	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North ave

OCCUPATION is very important. See instructions on back of certificate.

V56

D. 12517 D. 12517

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-a

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 2233 E. Balto St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Samuel Greenberg

(a) Residence: No. 2233 E. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachel Greenberg

6. DATE OF BIRTH (month, day, year) 1875

7. AGE Years	Months	Days	if LESS than 1 day, ... hrs. or ..... min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Moses Greenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Wife
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Holmes Rondale Date 5/12/35 19

19. UNDERTAKER Jack Segal
(Address) 1439 E. Balto St.

20. FILED MAY 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ✓ 5-12-35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1920 to May 10, 1935

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1930
Myocardial insufficiency	1933

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jack Cohen, M. D.

(Address) 2235 Broadway

State CAUSE OF DEATH in plain terms so that any physician can understand it. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 12518

12518 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

54-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Sinai Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Jennie London

(a) Residence: No. Lake Court Apts 3B St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles W. London

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Simon P. Cohen

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Southern Cem. Date 5/13/35

19. UNDERTAKER Jack Sears Inc.
(Address) 1439 E. Balto St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to May 9, 1935
I last saw he alive on May 9, 1935 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hematoma (Rt) Spontaneous	May April 18, 1935
Other contributory causes of importance:	
Post-op Shock	May 9, 1935

Name of operation Drainage of Subdural Hematoma Date of May 9, 1935

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?
no If so, specify

(Signed) Mark E Glenn M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 12519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12519 ✓ X 178-7

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Aquare Hospital 19 Ward)

Length of residence in city or town where death occurred — mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME A. Reamy Lee,

(a) Residence: No. 1202 Elmridge Ave Arbutus St., Md. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hazel Madeline Lee,

6. DATE OF BIRTH (month, day, year) June 13.1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	10	27 26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Koester's Bakery

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 14 Years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Andrew Lee,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md,

MOTHER

15. MAIDEN NAME Nora Reamy.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Hazel Madeline Lee,

(Address) 1202 Elmridge Ave. Arbutus

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 13.1935

19. UNDERTAKER Geo. W. Little

(Address) George W. Little, 2700 Edmondson Ave.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9.1935 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 ...

I last saw him alive on ....., 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocarditis And Monoxide gas poison.

Complained of being sick in morning of May 9th and was found dead may 10th,

Other contributory causes of importance:

was sick two or three days before he was found dead in a gararge in rear of 1900 block Ramsay St.

Name of operation ..... Date of .....

What test confirmed diagnosis? Cherry red color of skin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19 .....

Where did injury occur? Baltimore Md, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In gararge, (Private)

Manner of injury Monoxide Gas and history of being sick two days.

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos H Phillips Coroner, M. D.

(Address) 1927 Edmondson Ave

Use OCCUPATION is very important. See instructions on back

M. D. P. 1268-9

F 12520

F 12520 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Elizabeth Kelly

(a) Residence: No. 606 N. Mount st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Kelly

6. DATE OF BIRTH (month, day, year) Feb. 6, 1897??

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Perry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Asylum Date 5/12 1935

19. UNDERTAKER Saml. W. Frase & Son
(Address) 638 N. Eutaw

20. FILED Huntington Ave. Registrar

APR 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1934 to May 9, 1935

I last saw her alive on May 9, 1935 Death is said to have occurred on the date stated above, at 6:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Mayer W. Jacobson M. D.
(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12521

F 12521 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 123

1. PLACE OF DEATH Provident Hospital — Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Pinkney

(a) Residence: No. 710 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenna Pinkney

6. DATE OF BIRTH (month, day, year) April 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edmond Maryland

FATHER

13. NAME Robert Wheeler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Betsie Matthews

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Lenna Pinkney

(Address) 710 W Lanvale

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 12 1935

19. UNDERTAKER Florence E Brush

(Address) 1001 N Carrollton Ave

20. Filed ..... 19..... Registrar.

Y 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-7, 1935, to 5-10, 1935

I last saw deceased alive on 5-10, 1935. Death is said to have occurred on the date stated above, at 6.20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	5-10

Other contributory causes of importance:

Partial Structure (Organic Endocarditis)

Name of operation Dilatation & Curettage of Partial Structure Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D O Sarr, M. D.

(Address) Provident Hospital

INFORMANT should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

12522 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12522

CERTIFICATE OF DEATH 93-E

1. PLACE OF DEATH 2911

CITY OF BALTIMORE: (No. 2911 E. Balto. St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna A Klepfer

(a) Residence: No. 2911 E. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced (or) WIFE of Charles H

6. DATE OF BIRTH (month, day, year) Dec. 19 1853

7. AGE: Years 81 | Months 4 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Friedrich P. Langl

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Loretta Arhat

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Lesitta Klepfer

(Address) 2911 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date May 13 35

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore

20. FILED ..., 19..., ..., Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 81 35

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1935 to May 8th, 1935

I last saw her alive on May 8 1935 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Contributory: Arteriosclerosis	
Myocarditis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Physical and Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, when?

(Signed) Geo. A. Fullerton M. D.

(Address) 1122 E. Baltimore St

Information should be given by person who can state CAUSE OF DEATH in plain terms, so that it may be possible to classify OCCUPATION is very important. See instructions on back of certificate.

V 2 1935

M. D. B. 1268-9

F 12523

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12523

CERTIFICATE OF DEATH

1093-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5102 York Road St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Elsie L. Balls

(a) Residence: No. 5102 York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ---

6. DATE OF BIRTH (month, day, year) ---

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Bartholomew Balls

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Rebecca Arthur

16. BIRTHPLACE (city or town) --- (State or country) Maryland

17. INFORMANT Miss R. Louise Balls
(Address) 5102 York Road

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mary's Cemetery Date 5/13 35

19. UNDERTAKER Kenny & Myers Co.
(Address) 8 [illegible]

20. FILED MAY 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan, 19 35 to 5/10/35, 19 ..

I last saw h Ex alive on 5/10/35, 19 .. Death is said to have occurred on the date stated above, at 6:30 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3 yrs

Other contributory causes of importance:

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H W Fletcher, M. D.

(Address) 4309 York Rd

State whether birth, stillbirth, or death. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12524

12524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 433 E. 27th St., 12 Ward)

Length of residence in city or town where death occurred 77 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME William W. B. Frey

(a) Residence: No. 433 E. 27th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Amanda F. ------

6. DATE OF BIRTH (month, day, year) --------

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	---	---	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: James L. Frey

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Charlotte L. Brun

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: John W. Frey
(Address): 716 Gorsuch Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: Oak Lawn Cemetery Date: 5/13 19 35

19. UNDERTAKER: Reuben Bros. & Son
(Address): 3 E. Eager St.

20. FILED MAY 12 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935 to May 10, 1935

I last saw him alive on May 9 1935. Death is said to have occurred on the date stated above, at 7A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan. 35
Other contributory causes of importance: Generalized Arteriosclerosis	2 yrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel [illegible] M. D.

(Address) 1331 E. North Ave

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269-9

F 12525

12525

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St., 4 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Mrs Mary Serio

(a) Residence: No. 330 N Greene St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Rosario Serio

6. DATE OF BIRTH (month, day, year) Aug 13, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63		27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Vincent Zippi

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rosa Graca

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Joseph Zippi (Address) 330 N Greene St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Cathedral Date 5/13/35

19. UNDERTAKER Geary & Roth (Address) 1731 Harford Ave

20. FILED MAY 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 30 1935 to May 10 1935

I last saw her alive on May 10 1935 Death is said to have occurred on the date stated above, at 4:57 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Uterus	?
Carcinoma Ovaries	?
General Carcinomatosis	?
Other contributory causes of importance:	
Bronchopneumonia	5 days

Name of operation Radical Great Surgical Date of 5-2-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H H Robertson M. D.

(Address) Mercy Hosp

State CAUSE OF DEATH in plain terms, so that it may be understood. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1268-9

F 12526

12526

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Greiser

(a) Residence: No. 15 21 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sebastian Greiser

6. DATE OF BIRTH (month, day, year) 4/23/1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	—	18	X

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Wm. Lowery

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Elizabeth Lowery

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Paul Isaacs Gr.
(Address) 1521 Aisquith St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/13/35

19. UNDERTAKER Geo. J. Kuck Inc.
(Address) 1201 Hartford Ave

20. FILED 5-13-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 - 1935 to May 11 1935

I last saw her alive on May 11 1935 Death is said to have occurred on the date stated above, at 12.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Cardiac insuff.	
Hypertension	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Sinai Arthur C. Kalisch

(Address) Sinai Hosp

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

V. S. 3

AdCo. 5-31 250B

12527 ✓ F 12527

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2836 Washington Blvd St., 25 W. Ward)

Length of residence in city or town where death occurred 54 yrs. 2 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Mason

(a) Residence: No. 2836 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Pauline A. Mason

6. DATE OF BIRTH (month, day, year) February 22 - 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Buff
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Mason
14. BIRTHPLACE (city or town) (State or country) Balto. Eng

MOTHER

15. MAIDEN NAME Mary Liddiard
16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Augusta A. Mason
(Address) 2836 Washington Blvd.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date May 13 1935

19. UNDERTAKER Geo. L. Schmalz
(Address) 2411 Eutaw St.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to May 11, 1935

I last saw h alive on May 11, 1935 death is said to have occurred on the date stated above, at 7 (m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis with cavitation bilateral.	1 yr.

Other contributory causes of importance:

Name of operation ✓ Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) H. W. Bonelle, M. D.

(Address) 4413 Frederick Ave

State CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

12528 ✓ F 12528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital- St. 20 Ward)

Length of residence in city or town where death occurred 11 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 11 yrs. ..... mos. ..... ds.

2. FULL NAME Lawrence Irvin James,

(a) Residence: No. 2514 Wilkins Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov. 14th 1920

7. AGE	14 Years	Months 5	Days 9	If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A, Zone, Panama,

FATHER

13. NAME John L. James

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Agnes A. Miller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Agnes A. Mack,
(Address) 2514 Wilkins Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5-13 1935

19. UNDERTAKER George L. Lehnert
(Address) 711 Eastern Ave.

20. FILED 5-12-1935 [illegible] Registrar.

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9th 35. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.57 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain following a blow by base ball fowled by batter,	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Slow progress of symptoms

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Injury May 9. 1935

Where did injury occur? Wynns Falls Park
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place,

Manner of injury Hit by base ball.

Nature of injury Concussion and Hemorrhage,

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

M. D. B 1268-9

✓ F 12529

HEALTH DEPARTMENT—CITY OF BALTIMORE

12529

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 714 E. Fort Ave. St., 24 Ward)

Length of residence in city or town where death occurred 65 yrs. 8 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella Nora Wagner.

(a) Residence: No. 714 E. Fort Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, XXXXXXXXXXXX (or) WIFE of Frank Wagner

6. DATE OF BIRTH (month, day, year) August 22, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	8	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Hartlove.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary J. Smith.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Frank Wagner. (husband)
(Address) 714 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross. Date 5/13 1935

19. UNDERTAKER J. Fenwick Mc Cully
(Address) 130 E. Fort Ave.

20. FILED ... 19... Registrar.

OCCUPATION is very important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, how? ...

(Signed) Edward Reinhardt M. D. Coroner

5/11/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

F 12530

F 12530 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 20

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2551 W. Fairmount Ave. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Ferguson

(a) Residence: No. 2551 W. Fairmount Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George F. Ferguson

6. DATE OF BIRTH (month, day, year) February 17, 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Henry Meise

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florence Jeffrey

(Address) 2551 W. Fairmount Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date May 13 1935

19. UNDERTAKER Wm. H. Cook

(Address) 2503 W. Baltimore St.

20. FILED MAY 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to May 11 1935

I last saw her alive on May 11 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 7 1935

Other contributory causes of importance:

Arterial Sclerosis Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Reho M. D.

(Address) 2145 W. Baltimore St.

GIVE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12531

F 12531 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) German Aged Home St. Ward) Baltimore & Payson Sts

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 50 yrs. ... mos. ... ds.

2. FULL NAME Frank Steinbach

(a) Residence: No. German Aged Home St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ora Steinbach.

6. DATE OF BIRTH (month, day, year) Feb 25 1853.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wood Carver

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation 40 Yrs.

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Bruno Steinbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ingra

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Coords. Germany Aged Home Balto & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date May 14" 35

19. UNDERTAKER Wm. H. Poole & Bro. (Address) 1003 W. Baltimore Street

20. FILED ... 19 ... Registrar.

12 1935

OCCUPATION IS VERY IMPORTANT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cebebral Hemorrhage, following a fracture of the left hip in early part of the day.	

Other contributory causes of importance:

Fracture of the hip on day of death, He also suffered from shock caused by the accident.	

Name of operation ... Date of ...

What test confirmed diagnosis Symptons of Paralysis Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 11 1935

Where did injury occur? At German Aged Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell on the pavement. Payson & Hollins

Manner of injury Fracture of hip.

Nature of injury and brain hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify ...

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

F 12532

12532 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH X 59

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Women's Hospital St., 14 Ward)
Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Mrs Helen E. Bauling
(a) Residence: No. Oatley & Taylor Aves St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Theodore F. Bauling

6. DATE OF BIRTH (month, day, year) January ?, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

FATHER
13. NAME Henry Faber
14. BIRTHPLACE (city or town) Germany
(State or country)

MOTHER
15. MAIDEN NAME Elizabeth Kerr
16. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

17. INFORMANT Harry G. Faber
(Address) Parkville, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date May 14th 1935

19. UNDERTAKER E. Sellman Son
(Address) 1639 Hanover st

20. FILED _____, 19__ _____ Registrar.

OCCUPATION is very important. See instructions on BACK OF CERTIFICATE.

V S 3

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to May 11, 1935
I last saw h[er] alive on May 11, 1935 Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene of Left Leg	4½ days
Uraemia	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Amputation Lt. Leg Date of 4/15/35
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? —— Date of injury _____, 19__
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify —

(Signed) Beverley L. Crumpton M. D.
(Address) Womens Hospital

M. D. F. 1968

F 12533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. F 12533

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 W. Rogers ave. Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David B. Rosenberg.

(a) Residence: No. 3204 W. Rogers ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Frances.

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Bernard Rosenberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Fanne Baruch

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT William Cohen
(Address) 3204 W. Rogers ave

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Washington Blvd Date May 12 1935

19. UNDERTAKER Sol Levinson Bro
(Address) 1127 E Baltimore St

20. FILED MAY 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10 1934 to May 12 1935

I last saw h~~e~~ alive on May 11 1935 Death is said to have occurred on the date stated above, at 6.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (lobar)	
acute Cardiac Failure	May 10

Other contributory causes of importance:

Hypertension
Cardiac Hypertrophy

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard Cohen M. D.

(Address) Mahlborough Apts

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. B 1208-9

F 12534

F 12534 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 186-a

1. PLACE OF DEATH Maryland General Hospital. Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Laura C Foard

(a) Residence: No. 6502 Arabia ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of albert Foard

6. DATE OF BIRTH (month, day, year) March 31 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) until injured

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Baldwin Baltimore Co. md

FATHER

13. NAME Charles L. Raiff

14. BIRTHPLACE (city or town) (State or country) Baldwin Baltimore Co. md

MOTHER

15. MAIDEN NAME Sarah Dietz

16. BIRTHPLACE (city or town) (State or country) Jarrettsville Md.

17. INFORMANT Charles F. H. Foard (Son)
(Address) 6502 Arabia ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork Methodist Church, Date May 13, 1935

19. UNDERTAKER Frederick Geoghan & Son
(Address) 7401 Belair Road,

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935.

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to May 10, 1935.
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Impacted fracture of Right Femur	5/7/35
Cardiac decompensation (acute)	5/10/35
Other contributory causes of importance: arteriosclerosis & hypertension	unknown

Name of operation none Date of ...

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/2/35 (about)
Where did injury occur? at her home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury slipped & fell to floor.
Nature of injury fracture of neck of (femur)

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. Hann M. D.
Coroner
(Address) 1216 Hanover St.

Use OCCUPATION is very important. See instructions on reverse side.

M. D. P. 1268-9

F 12535

12535 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Westphal Place 24 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Geneva Connolly.

(a) Residence: No. 1803 Westphal Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James P. Connolly.

6. DATE OF BIRTH (month, day, year) May 13-1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	22 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Fred Browning

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Donaldson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M-James P. Connolly
(Address) 1803 Westphal Place

18. BURIAL, CREMATION, OR REMOVAL.
Place Mt. Olivet Cem. Date 5/13/35 19

19. UNDERTAKER Geo. L. Beyer & Son
(Address) 512 Lollard St

20. FILED [illegible] Registrar.

12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 5 1935 to May 8 1935

I last saw her alive on May 8 1935 Death is said to have occurred on the date stated above, at 7P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Dr. def	
Other contributory causes of importance:	
Exhaustion	
2 Dr.	

Name of operation None Date of

What test confirmed diagnosis Clinically Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

May 9 25 (Signed) W. H. Campbell M. D.
(Address) 1644 Hanover St

OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 12536

12536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 825 E. 41st St., 9 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Benjamen Ford

(a) Residence: No. 825 E. 41st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE Mary Scott Ford

6. DATE OF BIRTH (month, day, year) June 6 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Real Estate Broker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0045

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Bath Maine

FATHER

13. NAME: William Greenwood Ford

14. BIRTHPLACE (city or town) (State or country): Me.

MOTHER

15. MAIDEN NAME: Ellen Standefurd

16. BIRTHPLACE (city or town) (State or country): Maine

17. INFORMANT (Address): Mary F. Ford 825 E. 41st St

18. BURIAL, CREMATION, OR REMOVAL: Place Cookesbury Crem. Date May 13 1935

19. UNDERTAKER (Address): John A. Wilson 3000 E. Baltimore St.

20. FILED: MAY 13 1935 [illegible] Registrar.

MAY 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 10, 1935

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 8A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	May 5/35
Broncho Pneumonia	May 6/35

Other contributory causes of importance:

Mitral Insufficiency	1930?

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Reuben F. Rellman, M. D.

(Address) 6 East Biddle St

state CAUSE OF DEATH in plain words. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

12537 ✓ E 12537

12537 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Compher

(a) Residence: No. Burke Ave Towson Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Arabella Barker

6. DATE OF BIRTH (month, day, year) July 7, 1912

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
22	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Burns W. Compher

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Wallace

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Burns Compher

(Address) Burketsville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Burketsville Md Date May 13, 1935

19. UNDERTAKER C. H. Featherston

(Address) Emmitsburg Md

Funeral Director, Emmitsburg, Md.

MAY 12 1935

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to May 12, 1935

I last saw him alive on May 2, 1935 Death is said to have occurred on the date stated above, at 4:10 P.M.

The principal cause of death and related causes of importance were as follows:

Streptococcus Viridans Endocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert E. Bogorad, M.D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1265-9

✓ F 12538

12538 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mel Gen. Hosp St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME Michael Jankiewicz Jr. ×

(a) Residence: No. 1234 S Decker St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 11 1928

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Michael Jankiewicz

14. BIRTHPLACE (city or town) (State or country) Balto md.

MOTHER

15. MAIDEN NAME Mary Wagner

16. BIRTHPLACE (city or town) (State or country) Balto md.

17. INFORMANT Michael Jankiewicz

(Address) 1234 S Decker ave

18. BURIAL, CREMATION, OR REMOVAL

St. Stanislaus Cem. Date May 13 1935

19. UNDERTAKER Stephen J. Fialkowski INC

(Address) 1000 N. Kenwood ave.

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-2-35 19 to 5-11-35 19

I last saw him alive on 5-11-35 19 Death is said to have occurred on the date stated above, at 2:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	4-18-35
Broncho-Pneumonia	5-4-35

Name of operation — Date of

What test confirmed diagnosis Clinl. Was there an autopsy? N/o

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) C. W. Stephens M. D.

(Address) Mel Gen Hosp

STATE CAUSE OF DEATH IN TERMS OF DISEASE AND MODE OF ONSET. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 12539

12539

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Rutland av St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth 46 yrs. mos. ds.

2. FULL NAME Frank Rada

(a) Residence: No. 1108 Rutland av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Rada

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Marco Rada

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Anna Domanets

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Charles Rada
(Address) 1108 Rutland av

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 15 1935

19. UNDERTAKER Joseph O'Neill & Son
(Address) 1906 Eutaw Pl

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 12 1935

I last saw him alive on May 12 1935 Death is said to have occurred on the date stated above, at 4.31 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:

Acute Cardiac Dilatation

Name of operation None Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury 19
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place No.
Manner of injury No.
Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) Virgil Fitting M. D.
(Address) 1304 E. Chase

State cause of death. OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. P. 1268-9

F 12540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12540

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton + Walkers Ave. Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Christian Schneider

(a) Residence: No. 293 S. Pulaski St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced RUSHAND of (or) WIFE of Augusta M. Schneider

6. DATE OF BIRTH (month, day, year) October 11 - 1871

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
63	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paper Box Factory

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

MOTHER FATHER

13. NAME Ernst Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Elizabeth Wigmore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Augusta May Schneider

(Address) 293 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 13 1935

19. UNDERTAKER George L. Lehnert

(Address) 216 S. Paca St.

20. FILED MAY 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 10 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1935 to 5-9 1935

I last saw him alive on 5-9 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
PERFORATED PEPTIC ULCER	5-7-35
PEPTIC ULCER	1933

Other contributory causes of importance:

GENERALIZED PERITONITIS	5-935

Name of operation CLOSURE OF ULCER Date of 5-10-35

What test confirmed diagnosis OPERATION Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, how?

(Signed) Robert F. Healy (M. D.)

(Address) St. Agnes Hospital

STATE CAUSES OF DEATH IN OCCUPATION is very important. See instructions on back of certificate.

AACo. 4-41 2500

F 12541

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12541

CERTIFICATE OF DEATH

*121

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp St. 8 Ward)

Length of residence in city or town where death occurred - yrs. - mos. 5 ds. How long in U.S. if of foreign birth? yrs mos. ds.

2. FULL NAME Ellen Catherine Warfield

(a) Residence: No. 2121 Kentucky Ave. St.; Ward.
(Usual place of abode) (If non-resident give city or town and State)

Ellicott City Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899-6-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 4/35

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Howard Co. Maryland.

FATHER

13. NAME James A. Stansfield.

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland.

MOTHER

15. MAIDEN NAME Elva M Epworth

16. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland.

17. INFORMANT C. E. Becker

(Address) 2310 Harford Rd. Balto.

18. BURIAL, CREMATION, OR REMOVAL

Place Poplar Grove Cem. Date May 15 1935

19. UNDERTAKER C. M. Stultz

(Address) Frederick Md.

20. FILED MAY 12 1935 19 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 12, 1935

I last saw h.. alive on May 12 1935 death is said to have occurred on the date stated above, at 7:40P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute appendicitis	5-3-35
Peritonitis	5-11-35

Other contributory causes of importance:

Name of operation Appendectomy. Date of 5-8-35

What test confirmed diagnosis? yes Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. Ewer Moore, M. D.

(Address) Franklin Sq. Hosp.

M. D. B. 1268-9 F 12542 F 12542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. ..... St., ... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John M. Nelot
(a) Residence: No. 1106 S. Carey St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. Lith.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Nelot (Married)

6. DATE OF BIRTH (month, day, year) Nov. 12, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not Stated
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman
10. Date deceased last worked at this occupation (month and year) Feb 62
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt. Md.

FATHER
13. NAME Thomas Nelot
14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER
15. MAIDEN NAME Mary Hughes
16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Deceased
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5/15/35, 19

19. UNDERTAKER Geo. Keith Doe
(Address) 1 W. Saratoga St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 19 to May 12, 1935
I last saw h alive on May 12, 1935 Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6 days

Other contributory causes of importance:

Myocardial failure	Supervened 2 days

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Samuel H. Gross M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in such terms that the OCCUPATION is very important. See instructions on back of certificate.

V 13 1935 [illegible]

M. D. B. 1265-9

F 12543 Stanley F 12543

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 422 N. Calhoun St. · St., 19 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sylvia Stanley

(a) Residence: No. 422 N. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

FATHER

13. NAME Wm L. Perry

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sophia Perry

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Bertha Payne
(Address) 402 N. Calhoun St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Cemetery Date May 14, 1933

19. UNDERTAKER Archibald A. Gaddis
(Address) 2101 McCulloh St.

20. FILED 5-16-1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1933 to May 11, 1933

I last saw h alive on May 11, 1933 Death is said to have occurred on the date stated above, at 1.25 p.m.

The principal cause of death and related causes of importance were as follows:

pneumonia — Date of onset April 27, 1933

Other contributory causes of importance:

Arteriosclerosis — 10 yrs

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 422 N. Fremont

OCCUPATION is very important. See instructions on back of certificate.

M. D. No. F 12544 Eliza Morgan F 12544

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1506 N Franklin St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eliza Morgan

(a) Residence: No. 1506 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm Morgan

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 50; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Calvert Co Md.

FATHER
13. NAME: Sol Thomas
14. BIRTHPLACE (city or town) (State or country): Calvert Co Md

MOTHER
15. MAIDEN NAME: Margaret White
16. BIRTHPLACE (city or town) (State or country): Calvert Co Md

17. INFORMANT: Maggie Mathews
(Address): 506 N Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Cemetery Date: May 13th 1935

19. UNDERTAKER: Archibald A. Gaddis
(Address): 210 (illegible) Eutaw St.

20. FILED (illegible)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 28 1935 to May 10 1935
I last saw her alive on May 8th 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
12 days	

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis: Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

State CAUSE OF DEATH in plain terms. See instructions on back of certificate.
OCCUPATION is very important.

M. D. B. 1269

F 12545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12545

CERTIFICATE OF DEATH

117-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3000 Walbrook ave St., 15 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy M Hurley

(a) Residence: No. 3006 Walbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas Hurley

6. DATE OF BIRTH (month, day, year) May 14 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cook

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Virginia

FATHER

13. NAME John W. Leland

14. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

MOTHER

15. MAIDEN NAME Elizabeth Jones

16. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

17. INFORMANT Miss Ida E. Leland

(Address) 3000 Walbrook ave

18. BURIAL, CREMATION, OR REMOVAL

Gordon Pork Cemetery Date May 14 1935

19. UNDERTAKER Chas. S. Black

(Address) 742 W. North ave

20. FILED MAY 13 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 11 1935

I last saw h alive on May 10 1935 Death is said to have occurred on the date stated above, at 5-15 A m.

The principal cause of death and related causes of importance were as follows:

Cystitis Chronic. — Date of onset 5

Other contributory causes of importance: General Breakdown

Name of operation No Operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Russell Fazzi M. D.

(Address) 2437 N. Calvert St

M. D. F. 12659

F 12546

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12546

CERTIFICATE OF DEATH

148

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3513 Old York Road 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth M. Wilkinson

(a) Residence: No. 3513 Old York Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward C. Wilkinson

6. DATE OF BIRTH (month, day, year) Aug 8, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James D. Demmill

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Amanda Strawbridge

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edward C. Wilkinson
(Address) 3513 Old York Road

18. BURIAL (Cremation, Entombment) Place New Market, Md. Date May. 13, 1935

19. UNDERTAKER Mrs. Jno. M. Deuel & Son
(Address) 201 N. Fayette [illegible]

20. FILED 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11 1934 to May 10 1935

I last saw her alive on May 10, 1935 Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus.	6/1/34

Other contributory causes of importance:

None.

Name of operation None. Date of

What test confirmed diagnosis? Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. [illegible] M. D.

(Address) 858 N. Mon. [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12547 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12547

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 4016 Frankford Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Martha C. Neumayer

(a) Residence: No. 4016 Frankford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Joseph A. Neumayer

6. DATE OF BIRTH (month, day, year) Sept. 5, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
88	89	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Co. Md.

FATHER

13. NAME: Henry Erdman

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Frances Sanders

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs. Ella M. Stricklen
(Address): 4016 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Prospect Hill Cem. May 13 1935

19. UNDERTAKER: Frederick Loeffler & Son
(Address): 7401 Belair Road

MAY 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 1935 to May 11 1935

I last saw h... alive on May 10 1935. Death is said to have occurred on the date stated above, at 9:35 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Arteriosclerosis +	
Myocarditis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) ... M. D.
(Address) ...

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12548

F 12548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

D.O.L. — V 159

Registered No. 147

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 405 4 age 4 St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Norwood

(a) Residence: No. 405 Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S/C

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/27/35 3:15 P.M.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 15 min.
✓			7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME Frank D. Norwood

14. BIRTHPLACE (city or town) (State or country) Tenn. md

MOTHER

15. MAIDEN NAME Anna M. Hart

16. BIRTHPLACE (city or town) (State or country) Kentucky md

17. INFORMANT Frank Norwood

(Address) 405 Eager St.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Cem. Date April 29 1935

19. UNDERTAKER H. M. Snyder

(Address) 2nd Asst.

20. FILED Apr 29 1935 A. B. Mohamed
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/27/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 4/-7/35 . 19 . to 4/27/35 . 19 .

I last saw he alive on 4/27/35 . 19 . Death is said to have occurred on the date stated above, at 10:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature	
Cong. Atelectasis	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Bernard Levy ... M. D.

(Address) 710 W. Lanvale St.

V S 3

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12549

F 12549

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

146-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N Monroe St., 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Kalb

(a) Residence: No. 222 N Monroe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Barbara Kalb

6. DATE OF BIRTH (month, day, year) March 25 - 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) June 1929. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME John B. Kalb

14. BIRTHPLACE (city or town) Germany (State or country)

MOTHER

15. MAIDEN NAME Augusta Lauzendorfer

16. BIRTHPLACE (city or town) Germany (State or country)

17. INFORMANT Miss Margaretha Kalb

(Address) 222 N Monroe St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Cemetery Date May 14. 1935

19. UNDERTAKER Hilda Boerdner

(Address) 211 S Broadway

Filed MAY 13 1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to May 11 1935

I last saw him alive on May 10 1935. Death is said to have occurred on the date stated above, at 4:07 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Hypertens. Cardiovasc. Renal	

Other contributory causes of importance:

Cancer

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary McCrory, M. D.

(Address) 4003 Parkside

OCCUPATION is very important. See instructions on the reverse side.

AACo. 5-31 2500

F 12550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12550

CERTIFICATE OF DEATH

107-a

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 18 S. Robinson Street St., 1 Ward)

Length of residence in city or town where death occurred 50 yrs. 11 mos. 4 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George W. Oberg

(a) Residence: No. 18 S. Robinson Street St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude F. Oberg

6. DATE OF BIRTH (month, day, year) June 6, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Oberg

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Grolock

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude F. Oberg
(Address) 18 S. Robinson Street

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem. Date May 15 1935

19. UNDERTAKER ... Chester Street
(Address) 1606 E. Chester Street

20. FILED MAY 13 1935

OCCUPATION IS VERY Important.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935, to May 12, 1935

I last saw ... alive on May 12, 1935 death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days

Other contributory causes of importance:

Acute Pulmonary Edema	1 day

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 1331 E. North ave.

M. D. P. 1268-9

12551 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 12551

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 4654 Park Heights Ave. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marie Elizabeth Mills

(a) Residence: No. 4654 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. W. Mills

6. DATE OF BIRTH (month, day, year) Aug. 6, 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Conrad Tauber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Dahl

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Lillian Tauber

(Address) 2636 Park Heights Terrace

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 13, 1935

19. UNDERTAKER Harry A. Metz

(Address) 101 Edmondson Ave.

20. FILED MAY 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4th, 1935, to May 10, 1935

I last saw h[illegible] alive on May 10, 1935 Death is said to have occurred on the date stated above, at 9.33 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/4/35
Other contributory causes of importance: Arteriosclerosis	?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, state

(Signed) John C Bubert M. D.

(Address) 4803 Park Heights Ave

OCCUPATION is very important. See instructions on back of this sheet.

Hill F 12552

M. D. B. 1268-9

F 12552 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH J 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3202 Keswick Rd St. 13 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene Gertrude Hill

(a) Residence: No. 3202 Keswick Rd St, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Roland S. Hill

6. DATE OF BIRTH (month, day, year) Oct. 21, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N Y

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Roland S. Hill
(Address) 3202 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL
Western Date May 14, 1935

19. UNDERTAKER Thanhouser Son
(Address) 3615-17 [illegible]

[illegible] 19 6 Registrar.

MAY 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 10, 1935

I last saw her alive on May 10, 1935 Death is said to have occurred on the date stated above, at 2:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Renal Vascular Dis	
Left Cerebral Hemorrhage	5-6-35
Other contributory causes of importance:	
Rt. Lobar Pneumonia	5-9-35
Myocardial Insufficiency	5-10-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) J N Wilson M. D.

(Address) 845 N Fulton Ave

M. D. B 1268-9

F 12553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12553

CERTIFICATE OF DEATH

✓ 164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 401 St 28 St., 12 Ward)

Length of residence in city or town where death occurred 39 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Harrington

(a) Residence: No. 401 St 28 St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of David F Harrington

6. DATE OF BIRTH (month, day, year) July 13 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 39	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Hood S Watkins

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Annie M McDonald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT David F Harrington

(Address) 401 St 28 St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date May 15 19 35

19. UNDERTAKER Thompson & Son

(Address) 1300 Pennsylvania Ave

Huntington Pittsburgh Pa

20. FILED 19 Registrar.

137035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 19 35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1st Hemiplegia Sec to Cerebral Hemorrhage	
2nd Arteriosclerosis	
3rd Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) ..... M. D.

Coroner

(Address) .....

F 12554

F 12554

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 806 S. Bagley St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Aloies Kuhn

(a) Residence: No. 806 S. Bagley St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write this word)
M	W	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Bathinge

6. DATE OF BIRTH (month, day, year) Nov 8 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. 1933

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bathinge Kuhn

(Address) 806 S. Bagley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Saint Dent Date May 13 1935

19. UNDERTAKER Mayton P. L. Capital

(Address) 3 E. Lexington St.

20. FILED Lexington

MAY 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1934 to May 12 1935

I last saw h[im] alive on May 12 1935 Death is said to have occurred on the date stated above, at 5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Nephritis, Uremia May 8	1934 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arnold J. Krause M. D.

(Address) 3500 Gartage

M. D. F. 1368-3

12555

298526

F 12555

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No.) St., 13 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie W Williams

(a) Residence: No. 853 W. University Pkwy St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-28-70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Univ

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Warren S Williams

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Jane Sears

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 14, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1600 Eutaw Place

20. FILED 5-13-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935 to May 11, 1935

I last saw her alive on May 11, 1935 Death is said to have occurred on the date stated above, at 7.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-operative pneumonia	5/11/35

Other contributory causes of importance:

Annular Ca. of the rectum for 3-4 months

Name of operation Perineal operation for Ca. of rectum Date of 5/6/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas J Bruce M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1268-9

F 12556

12556

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3308 Fairview Ave. St., 15 Ward)

Length of residence in city or town where death occurred 79 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen M. Cromer

(a) Residence: No. 3308 Fairview Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Robert B. Cromer

6. DATE OF BIRTH (month, day, year) Oct 13. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore MD,

FATHER

13. NAME William D. Miller

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary H. Edward

16. BIRTHPLACE (city or town) (State or country) Cape Cod

17. INFORMANT William D. Cromer

(Address) 3603 Springdale Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery. May. 14. 1935

19. UNDERTAKER John C. Mitchell Sons

(Address) 1900 Eutaw Place

20. FILED ... Registrar

OCCUPATION is very important. See instructions.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 1935 to May 12 1935

I last saw h.. alive on May 11 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yrs.
Other contributory causes of importance:	
Myocardial degeneration	4 yrs.

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Bauman and Lovell M. D.

(Address) 2216 Garrison Blvd

M. D. R. 1268-9

F 12557

F 12557

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 176

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Nellie Hancock

(a) Residence: No. 1830 N. Pratt St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Charles Hancock

6. DATE OF BIRTH (month, day, year) Unknown 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Mrs John H. Willey

(Address) 320 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place East Lawn Cem. Date 5/14/ 1935

19. UNDERTAKER John F. Cowan & Son

(Address) 901 Pennsylvania Ave.

20. FILED MAY 13 1935

OCCUPATION is very important. See INSTRUCTIONS

V 53

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to May 11, 1935

I last saw her alive on May 11 1935 Death is said to have occurred on the date stated above, at 2:45 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholelithiasis & Chronic Cholecystitis	?
Acute Pancreatic Necrosis	3-24-35
Localized peritonitis	"
Multiple perforations stomach & Duodenum	"
Other contributory causes of importance: Hypostatic Pneumonia	5-3-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl G. Merbel M. D.

(Address) 28 E. Pratt

M.D. F 12558

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12558

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME John Nantzell

(a) Residence: No. 3106 E. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Nantzell

6. DATE OF BIRTH (month, day, year) 1/8/1860.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75.	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Can Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tin decorating Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Records Bur't.

(Address)

18. BURIAL, CREMATION, OR REMOVAL.

Place Oak Lawn Date May 14. 1935

19. UNDERTAKER John Allen

(Address) 2000 Eastern

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25 . 1935 to 5/11 . 1935

I last saw him alive on 5/11 . 1935 . Death is said to have occurred on the date stated above, at 11 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter . M. D.

(Address) Balto City Hosp.

OCCUPATION IS VERY Important.

M. D. B 1268-9

F 12559 HEALTH DEPARTMENT—CITY OF BALTIMORE 12559

CERTIFICATE OF DEATH

✓ 186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 604 N. Belnord Ave' St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick J. Shramek

(a) Residence: No. 604 N. Belnord Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Shramek

6. DATE OF BIRTH (month, day, year) May 12, 1893

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Clothing Factory

10. Date deceased last worked at this occupation (month, day, year) May 11, 1935

11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER | FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Bohemia

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Mrs. Mary Shramek

(Address) 604 N. Belnord Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date May 14, 1935

19. UNDERTAKER John Uhlrich

(Address) 2008 Orleans St.

20. FILED MAY 13 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall down Steps	

Other contributory causes of importance:

Fractured Skull

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 12, 1935

Where did injury occur? 604 N. Belnord - Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down Steps

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

H. D. B. 1268-9

12560 **HEALTH DEPARTMENT—CITY OF BALTIMORE** Gavin 9

CERTIFICATE OF DEATH ✓ 183 F 12560

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Body found floating between 24 Ward)
CITY OF BALTIMORE: (No. Piers 9 & 10 Locust Point.
Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----- -------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	50	-----	-----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.
14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.
16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date May 5 . 19 35

19. UNDERTAKER .....
(Address)

20. FILED 5-7-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found May 4, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Name of operation None Date of .....
What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto K. Reinhardt M. D. Coroner
5/9/35 (Address) 1017 E. Charles St.

M. D. R. 1268-9

✓ F 12561

12561 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hosp. St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Johnson

(a) Residence: No. 304 N. High St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/28/75.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Oklahoma

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md. Date May 13, 1935

19. UNDERTAKER (Address)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/1, 1935, to 5/9, 1935

I last saw h alive on 5/9, 1935 Death is said to have occurred on the date stated above, at 2:25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	5 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

V-3 OCCUPATION is very important.

10367

M. D. P. 1268-9

✓ F 12562

12562

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. 6

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No.) Tuberculosis Division St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Balls

(a) Residence: No. 109 N. Bond st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 1, 1914

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	20	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 00 10

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME George Balls

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Hattie Frisby

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Interred of Md Date May 13 19 35

19. UNDERTAKER
(Address)

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 7 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 5 19 35 to May 7 19 35
I last saw him alive on May 7 19 35 Death is said to have occurred on the date stated above, at 8:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Feb. 1933

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Mayer M. Jacobson M. D.
(Address) Baltimore City Hospital

M. D. B. 1268-9

✓ F 12563

12563 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt. City Hospitals Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Chandler

(a) Residence: No. 1611 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, 1 hr. or 23 min.
✓	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lyle Custer Chandler

14. BIRTHPLACE (city or town) (State or country) Iowa ?

MOTHER

15. MAIDEN NAME Margaret Mae Gover

16. BIRTHPLACE (city or town) (State or country) Baltimore County Md.

17. INFORMANT Mrs. Lyle Custer Chandler

(Address) 1611 N. Fulton Ave. (Mother)

18. BURIAL, CREMATION, OR REMOVAL.

Place Emmanuel, Md. Date May 13 1935

19. UNDERTAKER

(Address)

MAY 13 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1935, to 5/9, 1935

I last saw him alive on 5/9, 1935 Death is said to have occurred on the date stated above, at 10:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

N/A. If so, specify

(Signed) Elizabeth L Langelueddy, M. D.

(Address) Baltimore City Hospital

M. D. P. 1268-9

F 12564

12564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 Woodbrook Ave. St., 12 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Lucas

(a) Residence: No. 2531 Woodbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	Wht	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 12/35

7. AGE	Years	Months	Days	If LESS than 1 day 13 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

FATHER

13. NAME Wm P. Lucas

14. BIRTHPLACE (city or town) Roanoke
(State or country) Va

MOTHER

15. MAIDEN NAME Theresa M. Looney

16. BIRTHPLACE (city or town) Balto
(State or country) Md.

17. INFORMANT Mrs Wm P. Lucas
(Address) 2531 Woodbrook Ave

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 13 1935

19. UNDERTAKER
(Address)

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12. 1935 to May 13. 1935

I last saw him alive on May 13. 1935 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

Prematurity 7½ mo
Mother could not get proper separation

Date of onset

Other contributory causes of importance:

Atelectasis Neonat. Cath

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... M. D.

(Address) 1405 W. North Ave

M. D. B 1269-9

Ida Jackson Wright ✓ F 12565

12565 HEALTH DEPARTMENT—CITY OF BALTIMORE

34-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Sarah Ann St., 4th Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Wright

(a) Residence: No. 700 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Femal	Black	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Raphael Wright

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waitress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER FATHER

13. NAME ~~Not obtainable~~ James Jackson

14. BIRTHPLACE (city or town) (State or country) N. C

MOTHER

15. MAIDEN NAME Mary ~~Not known~~ Jones

16. BIRTHPLACE (city or town) (State or country) N. C

17. INFORMANT John Williams
(Address) 50, Monroe St

CORONER'S INQUEST, as returned 5/14/35

Date ... 19

Place ...

19. UNDERTAKER Pat Gabriel & Sons
(Address) 514 E. Lombard St

Registered ...

MAY 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.05 P.M.

The principal cause of death and related causes of importance were as follows:	Date of onset
Probably Syphilitic Aortitis	
History unimportant	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) R. W. Sellers M. D.

(Address) 2257 W. North Ave

M. D. F. 12566 ✓ F 12566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Smith

(a) Residence: No. 227 Amity st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 10, 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Dixon

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Edna Smith

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Saint [illegible] Date May 15, 1935

19. UNDERTAKER Mrs. Katie P. Phillips
(Address) 322 S. Schroeder St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1935 to May 11, 1935
I last saw him alive on May 11, 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 Yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Maya W. Jacobson M. D.
(Address) Baltimore City Hospital

Spec.—2-20-28—L. F. S.—500 Bks.

F 12567 ✓ F 12567

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. Barre ST., 21 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ruth Arlene Vaughn.

(a) RESIDENCE NO. 104 W. Barre ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of: Newborn

6 DATE OF BIRTH (month, day, and year): May 12, 1935

7 AGE — Years: | Months: | Days: 1 | If LESS than 1 day, ___ hrs. or ___ min.:

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Newborn

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto Md.

PARENTS

10 NAME OF FATHER: Leonard Vaughn.

11 BIRTHPLACE OF FATHER (city or town) (State or country): Dyersville Md.

12 MAIDEN NAME OF MOTHER: Mildred Brown

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Dyersville Md.

14 Informant: Mildred Vaughn

(Address): 104 W. Barre St.

15 Filed ___, 19___ Registry No.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 12, 1935.

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to May 13, 1935, that I last saw h Cr alive on May 13, 1935 and that death occurred, on the date stated above, at 4.00 A. m.

The CAUSE OF DEATH* was as follows:

Congenital atelectasis
due from breech presentation

(duration) ___ yrs. ___ mos. ___ ds.

CONTRIBUTORY (Secondary) Pulmonary intracranial Hemorrhage (duration) ___ yrs. ___ mos. ___ ds.

18 Where was disease contracted if not at place of death? Breech Extraction.

Did an operation precede death? Yes Date of May 12, 1935.

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) [illegible], M. D.

, 19 (Address) Univ. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: University of md

DATE OF BURIAL: May 13 1935

20 UNDERTAKER

ADDRESS

M. D. B. 1268-9

✓ F 12568

12568

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-N

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elizabeth Osterhaus

(a) Residence: No. 4215 Wilkins Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Osterhaus

6. DATE OF BIRTH (month, day, year) Aug 24 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51	8	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frantz Frank Trumbergen

14. BIRTHPLACE (city or town) (State or country) in Germany

MOTHER

15. MAIDEN NAME Katrina Wahlberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William Osterhaus
(Address) 4215 Wilkins Ave

18. BURIAL, CREMATION, OR REMOVAL
Holy Rest Cem Date May 15 35

19. UNDERTAKER Leonard Rensky
(Address) 1305 Light St

20. FILED MAY 13 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 . 1935 to May 11 . 1935

I last saw her alive on May 11 . 1935 Death is said to have occurred on the date stated above, at 2:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ventral Hernia (post-operative)	

Other contributory causes of importance:

1. Acute pulmonary edema (post-operative)

Name of operation Herniaplasty Date of 5-9-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) J. M. Waenuller . M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

M. D. H. 1268-9

12569 F 12569

HEALTH DEPARTMENT—CITY OF BALTIMORE

112

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1536 Duncan St. 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benedict M. Fuchner

(a) Residence: No. 1536 Duncan St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of mary l. fuchner

6. DATE OF BIRTH (month, day, year) reprint 2-16-85

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	49	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

MOTHER FATHER

13. NAME Benedict Fuchner

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Hennigmeyer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT mary l. fuchner
(Address) 1536 Duncan St

18. BURIAL, CREMATION, OR REMOVAL
Place ... Date 4-19-35

19. UNDERTAKER
(Address)

13 1935

... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 4/15/35

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1934 to May 10, 1935

I last saw h[im] alive on May 10, 1935 Death is said to have occurred on the date stated above, at 6:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Dilatation	5/10/35
Bronchial asthma	Oct 1934

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis? Usual Symptoms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Louis E. Hummel M. D.

(Address) 702 E. Lanvale St

M. D. B. 1268-9

E 12570

12570 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1026 W. Franklin St. 18 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa A Fletcher

(a) Residence: No. 1026 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alexander Fletcher

6. DATE OF BIRTH (month, day, year) 1885

7. AGE	Years	Months	Days	if LESS than 1 day, ... hrs. or ... min.
	50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Charles M. Frazier

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Laura A Tilghman

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mary E. Miller

(Address) 1026 W Franklin

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 14 1935

19. UNDERTAKER James A Hayes

(Address) 142 W Lafayette Ave

20. FILED MAY 13 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- , 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1- , 1935, to 5-11- , 1935

I last saw her alive on 5-10- , 1935. Death is said to have occurred on the date stated above, at 12.50 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Sternum. — Date of onset —

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

no If so, specify .....

(Signed) W. O. Cargill , M. D.

(Address) 611 N. Carolina

F. D. B. 1268-9

F 12571

12571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Driscoll

(a) Residence: No. 2713 Parkwood St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Anastasia Driscoll

6. DATE OF BIRTH (month, day, year) Aug. 14, 1867

7. AGE: Years 65; Months 11; Days 29; If LESS than 1 day, hrs. or min.

67

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer Asst City Solicitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0042

10. Date deceased last worked at this occupation (month and year) may 1, 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Richard B. Driscoll

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Elmira Jones

16. BIRTHPLACE (city or town) (State or country) Penn.

17. INFORMANT Anastasia Driscoll

(Address) 2713 Parkwood Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mount Calvary Date May 14 1935

19. UNDERTAKER Colin A. McLean

(Address) 3000 E. Balto. St.

20. FILED 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1932
Coronary Embolism	5/11/35

Other contributory causes of importance:

Myocarditis	1932
Endocarditis	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Colin B. McLean, M. D.

(Address) 821 St Paul St.

✓ F 12572

M. D. B. 1268-9

12572 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2202 Park Ave. St., 13 Ward)

Length of residence in city or town where death occurred Lifetime yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hannah Jacobi

(a) Residence: No. 2202 Park Ave. St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emanuel H. Jacobi

6. DATE OF BIRTH (month, day, year) Aug. 25, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	8	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None sold

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alexander Ehrlich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Fannie Hamburger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Leon Mayer

(Address) Belvedere Hotel

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Balto. Hebrew Cem. Date May 14, 1935

19. UNDERTAKER David Sondheimer & Son

(Address) 1902 Eutaw Place.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1930, to May 12, 1935

I last saw h[illegible] alive on May 12, 1935 Death is said to have occurred on the date stated above, at 8:45 P.m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvular Myocarditis. — Date of onset 1930

Other contributory causes of importance:

Embolism — sudden.

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Benjamin Gartz, M. D.

(Address) 1811 Eutaw Place Balto. Md.

JE 1935

M. D. B 1268-9

12573

✓ F 12573

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndhurst Hospital, Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Brooks

(a) Residence: No. 1319 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 9 1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Taylor

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Pearl Brooks

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Friends

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/13, 1935

19. UNDERTAKER Mrs Kate P. Williams

(Address) 322 N. Broadway

FILED 13 1935 Huntington Pallimore

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) May 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11th, 1935 to May 11th, 1935

I last saw her alive on May 11th, 35 Death is said to have occurred on the date stated above, at 12 10 PM.

The principal cause of death and related causes of importance were as follows:

Scarlet Fever
Lobar Pneumonia

Date of onset ?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specifically

(Signed) Daniel E. Bogorad M. D.

(Address) Lyndhurst Hospital

M. D. B. 1268-9

F 12574

12574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred. Mc Grady

(R) Residence: No. Bel Air St., ... Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Mc Grady

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On Farm

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Fred McGrady

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Fred McGrady

(Address) Forest Hill Md

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date May 15, 1935

19. UNDERTAKER H S Bailey Md

(Address) Darlington, Harford Co, Md

20. FILED 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/12/35, 19 ... to 5/13/35, 19 ...

I last saw him alive on 5/13/35, 19 ... Death is said to have occurred on the date stated above, at 3:30 A m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia — Date of onset

Other contributory causes of importance:

Delirium Tremens

Name of operation — Date of —

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally, M. D.

(Address) Bel Air, Md.

M. D. B. 1268-9

12575

HEALTH DEPARTMENT—CITY OF BALTIMORE

(Steger) ✓ F 12575

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 745 Hanover Hosp. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H Steger

(a) Residence: No. 1617 - Fawn St Baltimore City Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary V. Steger

6. DATE OF BIRTH (month, day, year) Feb 18 1840

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	7	29	23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Self

10. Date deceased last worked at this occupation (month and year) 5-11 18-6-1917. 11. Total time (years) spent in this occupation 94 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Steger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Monika Wagendarz

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT E. J. Donohue

(Address) 745 Hanover Hosp.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date May 14 1935

19. UNDERTAKER Margaret A Flynn

(Address) 1417 Light St.

20. FILED [illegible] Registrar.

MAY 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-4-35 to 5-11-35

I last saw him alive on 5-11-35. Death is said to have occurred on the date stated above, at 6.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Chronic Nephritis	5-4-35
	5 yrs

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E J Donohue M. D.

(Address) 745 Hanover Hosp

M. D. B. 1268-9

F 12576

12576 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremiah A Lynch

(a) Residence: No. 1728 N. Eppleton St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret E Lynch

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Postman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Margaret E. Lynch

(Address) 1728 N. Eppleton St

18. BURIAL, CREMATION, OR REMOVAL

Place St Francis Xav. Abington 5/15 19 25

19. UNDERTAKER Henry C. Mears and Son

(Address) 805 N. Calvert St.

20. FILED Statistician

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 19 25

22. I HEREBY CERTIFY, That I attended deceased from 5/1 19 25 to 5/12 19 25

I last saw him alive on 5/12 19 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Hf Disease	
Arteriosclerotic nephritis	
Uremia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

FC 1035

M. D. P. 1265-9

✓ F 12577

F 12577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 12th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. 0 mos. 10 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Miss Virginia Murray.

(a) Residence: No. 2925 St Paul St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Murray

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date 5/14, 1935

19. UNDERTAKER Henry W. Piepenbrink & Son

(Address) 802 N. Eutaw St.

20. FILED 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/5, 1935, to 5/11, 1935.

I last saw her alive on 5/11, 1935. Death is said to have occurred on the date stated above, at 3p m.

The principal cause of death and related causes of importance were as follows:

Acute Monocytic Leukemia?
Secondary Anemia.

Date of onset

Other contributory causes of importance:

Bronchopneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. B. 1268-9

✓ F 12578

12578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3020 Christopher Ave. 27 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Price

(a) Residence: No. 3020 Christopher Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of H. W. Price

6. DATE OF BIRTH (month, day, year) Sept. 20, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto.
(State or country) Md.

FATHER

13. NAME Lawrence B. Davis

14. BIRTHPLACE (city or town) Balto.
(State or country) Md.

MOTHER

15. MAIDEN NAME Emma Seger

16. BIRTHPLACE (city or town) Balto.
(State or country) Md.

17. INFORMANT Mr. H. W. Price
(Address) 3020 Christopher Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Cem. Date May 14, 1935

19. UNDERTAKER Frank Leubuscher & Son
(Address) 7401 Belair Road

20. FILED 3 1935 ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 12, 1935

I last saw her alive on May 12, 1935 Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	Jan. 1, '35
Angina Pectoris	

Other contributory causes of importance: Arterio-sclerosis + hypertension — Unknown

Name of operation None Date of None

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank N. Ogden, M. D.

(Address) 2701 N. Calvert St.

10—M. & T.—100 B—50L

F 12579

F 12579

82-a

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 712 Cumberland ST., 15 WARD)

2-FULL NAME Frank Hebb

(a) RESIDENCE NO 712 Cumberland ST., _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 52 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Hebb.

7 DATE OF BIRTH (month, day, and year) Sept 22-1881

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	19	

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) do
(c) Name of employer

PARENTS

9 BIRTHPLACE (city or town) St Marys County
(State or country) Md

10 NAME OF FATHER Geo. Hebb

11 BIRTHPLACE OF FATHER (city or town) Md
(State or country)

12 MAIDEN NAME OF MOTHER Jane Boone

13 BIRTHPLACE OF MOTHER (city or town) Md
(State or country)

14 Informant Katie Hebb.

(Address) 1538 Lester St.

25 Filed 5-13-1935, 192 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-11 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above. 3:00 P.M.

The CAUSE OF DEATH* was as follows:

Cerebral Hemmorrhage

(duration) _____ yrs. mos 1 ds.

CONTRIBUTORY (Secondary)

(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? no

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Inquest

(Signed) Geo. J. Allen, M. D. Coroner

5-11 1935 (Address) 501 Cumberland St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Peters Cemetery

DATE OF BURIAL May 15th 1935

ADDRESS

20 UNDERTAKER Archibald E. Gaddis 2419 W. Baltimore St

F 12580

F 12580

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2012 Park Ave St. 13 Ward)

Length of residence in city or town where death occurred 83 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine A. Jones

(a) Residence: No. 2012 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 21 - 1851

7. AGE	Years	Months	Days	If LESS than 1 day..... hrs. or ..... min.
	83	6	9 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME John Hall Jones

14. BIRTHPLACE (city or town) Virginia
(State or country)

MOTHER

15. MAIDEN NAME Margaret A. Scarborough

16. BIRTHPLACE (city or town) Harford Co. Md
(State or country)

17. INFORMANT Mrs. J. F. Smith
(Address) 2012 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 14 1935

19. UNDERTAKER Joseph Lyttle
(Address) 1100 W. Pratt Ave

20. FILED 5-14 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 14 1935 to May 12 1935
I last saw her alive on May 12 1935 Death is said to have occurred on the date stated above, at 1-5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	4/14/35
Other contributory causes of importance: Arteriosclerosis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John D. Seibert M. D.

(Address) 4803 Park Heights Ave

M. D. P. 708-9 F 12581 F 12581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 759 W. Fayette St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Rooney

(a) Residence: No. 759 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. ~~Single~~ Married ~~Widowed or Divorced~~ (write the word) Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Annie C. Rooney

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Betting Ring

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) New York N.Y.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) New York N.Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) New York N.Y.

17. INFORMANT Annie C. Rooney

(Address) 759 W. Fayette Ave

18. BURIAL, CREMATION, OR REMOVAL Maryland Memorial Park May 15 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St

MAY 14 1935 Huntington [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to May 13 1935

I last saw him alive on May 13 1935 Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 10 35
Other contributory causes of importance: Pulmonary Edema	May 12 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Glassmeier M. D.

(Address) 753 W Fayette St

D. B 1268-9 F 12582

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12582

140-186a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., 22 Ward)
Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Leah Theresa Smith

(a) Residence: No. 124 W. Fort Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of George W. Smith

3. DATE OF BIRTH (month, day, year) Sept 22 1910

6. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Edw E. Taylor
14. BIRTHPLACE (city or town) (State or country) Williamsport Pa

MOTHER
15. MAIDEN NAME Katie Eckarius
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Geo. W. Smith
(Address) 124 W. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 16 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt St

20. FILED MAY 17 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	2 weeks
Other contributory causes of importance: (incomplete) abortion	6 weeks
accidental fall	

Name of operation D & C. tube operation Date of 4/30/35

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide~~, or homicide? ... Date of injury March 25 1935
Where did injury occur? 124 W. Fort Ave.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place at home
Manner of injury Fall on floor
Nature of injury incomplete abortion (6 weeks)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) G. W. Wright, M. D.
(Address) 1010 S. Ellwood Ave.

M. D. R. 1268-9 F 12583 F 12583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 18

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Grossman

(a) Residence: No. 650 W. Baltimore St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen C. Grossman

6. DATE OF BIRTH (month, day, year) 12/19/1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35.	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Peter Grossman.

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Hannah Nolichas

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 15 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Registrar.

20. FILED MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1935 to 5/11 1935

I last saw h. alive on 5/11 1935 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	6 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 12584

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12584

CERTIFICATE OF DEATH

82-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 822 N. Carrollton Ave. 16 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Eliza Mathews

(a) Residence: No. Bet. Age men & Womens Home Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Lewis Tunney

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Matthews

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Smith
(Address) 205 Carlton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 5/14 1935

19. UNDERTAKER Francis A. Hemsley
(Address) 428 N. Biddle St.

FILED MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to May 11 1935

I last saw her alive on May 11 1935 Death is said to have occurred on the date stated above, at 2 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	?

Other contributory causes of importance: ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edw. J. Wheatley M. D.

(Address) 1230 Druid Park Ave

M. D. B. 1268-9

F 12585

F 12585

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Bacon

(a) Residence: No. 612 W Hoffman St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year) 10/5/1888

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Richard Bacon.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Jane ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT X

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem. Date 5/14/ , 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 518 W Biddle St.

20. FILED 14 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/9 , 1935 to 5/10 , 1935

I last saw h[illegible] alive on 5/10 , 1935 Death is said to have occurred on the date stated above, at 5 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myoca. dal. insufficiency	10 Mo

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 12586

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12586

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1230 W Lanvale St., 16 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phillip Dedmond Jr.

(a) Residence: No. 1230 W Lanvale St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): May 23-1927

7. AGE: Years 7 | Months 11 | Days 18 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

13. NAME: Phillip Dedman

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Arnetta Williams

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Arnetta Dedman

(Address): 1230 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place: mt Auburn Cem Date: 5/13 '35

19. UNDERTAKER: Thos E. Kelson

(Address): 1302 Pressman St

20. FILED 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-11-35

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1935, to 5-11, 1935.

I last saw him alive on 5-11, 1935. Death is said to have occurred on the date stated above, at 5:30 p m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 5/9/35

Pneumonia

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Surgical History Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D. Coroner

(Address) 507 Aisquith St

M. D. B. 1268-9

F 12587

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12587

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital St., (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Reed Holland

(a) Residence: No. 2100 Smallwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 18, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	0	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Leo L. Holland

14. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

MOTHER

15. MAIDEN NAME Myrtle J. Bosse

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Leo L. Holland
(Address) 2100 N. Smallwood St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 14 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 125 E. Northdale.

20. FILED 1935 Registrar.

MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to May 11, 1935

I last saw him alive on May 11, 1935 Death is said to have occurred on the date stated above, at 7:30 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-9-35
Septicemia (pneumococcus)	5-7-1935
Acute hemorrhagic nephritis	
Bilateral otitis media	4-24-35
Bilateral chronic mastoiditis	jan, 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Claude Elliott Babcock M. D.

(Address) Maryland General Hospital.

F 12588

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12588

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Baltimore, Maryland.

CITY OF BALTIMORE: (No. U. S. Marine Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? 29 yrs. 4 mos. ds.

2. FULL NAME Francis Grainger

(a) Residence: No. 1410 Madison Ave., Balto. Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	widower

6a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Wife's name not given

6. DATE OF BIRTH (month, day, year) April 21, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 11-25-34

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) British Guiana South American

FATHER

13. NAME Prince Albert Grainger

14. BIRTHPLACE (city or town) (State or country) Dutch Guiana South America

MOTHER

15. MAIDEN NAME Martha Jane Callender

16. BIRTHPLACE (city or town) (State or country) Barbados British West Indies

17. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL Laurel Cemetery Date May 14 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.
(Address) 1252 North Ave.

20. FILED MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 19, 1934 to May 11, 1935

I last saw him alive on May 11, 1935. Death is said to have occurred on the date stated above, at 6:00 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis, interstitial, chronic
Arteriosclerosis, general
Hypertension, arterial

Date of onset unknown

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Wm. H. Gordon M. D.

(Address) U. S. Marine Hospital, Balto. Md.

H. D. P. 1268-a

F 12589 Donaton F 12589

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert (Jones) Donatos

(a) Residence: No. 1345 Myrtle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Gertrude.

6. DATE OF BIRTH (month, day, year) 3/25/1895.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 40.	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charlotte, N.C.

FATHER

13. NAME Albert Donatos

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Ada Foster

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Records Bur. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date May 16, 1935

19. UNDERTAKER Samuel R. Elias & Bro.
(Address) 638 N. Gilmor

20. FILED MAY 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1935, to 5/13, 1935

I last saw him alive on 5/13, 1935 Death is said to have occurred on the date stated above, at 3 25/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

D. B. 1269-9

F 12590

HEALTH DEPARTMENT—CITY OF BALTIMORE

12590

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Oakhill Ave St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. James Parks

(a) Residence: No. 1421 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Parks (Restor)

6. DATE OF BIRTH (month, day, year) Dec. 23, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Care taker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Art Museum

10. Date deceased last worked at this occupation (month and year) 3 yrs

11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. James Parks

14. BIRTHPLACE (city or town) (State or country) Balto., Md.

MOTHER

15. MAIDEN NAME Martha V. Ward

16. BIRTHPLACE (city or town) (State or country) Belair Md.

17. INFORMANT Miss Martha Parks (Sister)
(Address) 1919 Oakhill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 5/15, 1935

19. UNDERTAKER Milton D. Schilling
(Address) 1122 E. Monument St

14 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1935 to May 13, 1935

I last saw him alive on May 11, 1935 Death is said to have occurred on the date stated above, at 7 to A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	Insidious

Other contributory causes of importance:

Renal insufficiency	5½ mos.

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Geo. B. Sybert M. D.
(Address) 2807 Harford Ave.

M. D. B. 1268-0 B 12591 F 12591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1136 Woodyear St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Richardson

(a) Residence: No. 1136 Woodyear St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Francis Richardson

6. DATE OF BIRTH (month, day, year) Feb 29, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	74	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd Day

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A. A. Co md

FATHER

13. NAME Wm Richardson

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Francis Richardson

(Address) 1136 woodyear st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemtery Date 5/14 — 19 35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st.

20. FILED 5-14-1935 Herington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 35, to 5/12 — 35

I last saw h... alive on 5/12, 1935. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Nephritis & Uremia,	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) Ben R Hutton M. D.

(Address) 1136 Woodyear

F 12592

F 12592

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-A

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alcinda Cook

(a) Residence: No. 1714 Latrobe St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Cook.

6. DATE OF BIRTH (month, day, year): 6/22/1861

7. AGE: Years 73 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Hughes.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Margaret Losey

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt. Auburn Date 5/14/35 19

19. UNDERTAKER: Mrs. George E. Kollas
(Address) 1631 Druid Hill Ave

20. FILED 19

MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1935 to 5/11, 1935

I last saw her alive on 5/11, 1935 Death is said to have occurred on the date stated above, at 3 31 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 12593

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12593

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 Druid Hill St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James M. Bright

(a) Residence: No. 1224 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary B

7. DATE OF BIRTH (month, day, year) Oct. 19 - 1870

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	6	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME John M. Bright

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Mary Isaac

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mrs. Emma Bright

(Address) 1224 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place (Forest) Date 5/14/35 19

19. UNDERTAKER Mrs. George A. Hollo

(Address) 1631 Druid Hill Ave

MAY 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26 . 1935 to May 11 . 1935

I last saw him alive on May 10 1935. Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset ?

Other contributory causes of importance:

Exhaustion

Name of operation — Date of —

What test confirmed diagnosis? Phy Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. B. Slaughter M. D.

(Address) 825 N. Fremont Ave

D. B. 1288-9 F 12594 F 12594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 181

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 641 W. Lafayette Ave. St., 17 Ward)

Length of residence in city or town where death occurred 76 yrs. 4 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida Wheatley Applegarth

(a) Residence: No. 641 W. Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

7. DATE OF BIRTH (month, day, year) Dec. 15 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	4	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER
13. NAME John A. Applegarth
14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER
15. MAIDEN NAME Ann Maria LeCompte
16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Arthur John Applegarth
(Address) 641 W. Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 14, 1935

19. UNDERTAKER John F. Denny
(Address) 715 Eutaw St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral valvular heart lesion	Unknown
Severe burn on abdomen and buttocks & arm (accidental)	4/18/35
Other contributory causes of importance: Carcinoma of right breast	

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of Injury 4/18, 1935
Where did injury occur? at her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place in home
Manner of injury clothes caught fire while burning leaves
Nature of injury burn of abdomen & buttocks

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Hann Coroner, M. D.
(Address) 1215 Hanover

F. D. P. 1268-9

F 12595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 Ething St St., 17 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Gleaves

(a) Residence: No. 1116 Ething St St., Ward. 17
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widow

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betts Gleaves

6. DATE OF BIRTH (month, day, year) 1864

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
71	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 1 May 15, 1935

19. UNDERTAKER Jesse M. Redden

(Address) 436 N. Eutaw St

20. FILED 1 MAY 19 35 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-25 19 35, to 13 May 1935

I last saw h alive on 12 May 1935 Death is said to have occurred on the date stated above, at 9 4 m.

The principal cause of death and related causes of importance were as follows:

(a) Cerebral Apoplexy — Date of onset 4-25-35

Other contributory causes of importance: Arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A K Fassnacht M. D.

(Address) 1111 N. Carrollton Ave Balto Md

F 12596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12596

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 939 Forrest St., 10 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John C. Gisriel

(a) Residence: No. 939 Forrest Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Gisriel

6. DATE OF BIRTH (month, day, year) Feb. 17 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	2	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Brass Molder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Fred. Gisriel

14. BIRTHPLACE (city or town) (State or country) Alsace Lorraine

MOTHER

15. MAIDEN NAME Regina Regan

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Jenny Gisriel
(Address) 939 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May. 15. 1935

19. UNDERTAKER Rita Wiedefeld
(Address) 914 Greenmount Ave

20. FILED MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/35

22. I HEREBY CERTIFY, That I attended deceased from 5/1/35, 19..... to 5/12/35, 19..... I last saw him alive on 5/11/35, 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Arthritis

Date of onset ?

Other contributory causes of importance:

Arthritis

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 321 E 21st

M. D. B. 1268-9

12597 E 12597

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1716 Harford Ave St., 9-9 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PATRICK Mc. CUE

(a) Residence: No. 1716 HARFORD Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lytia Mc. Cue.

6. DATE OF BIRTH (month, day, year) May. 26. 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71 72	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania.

FATHER

13. NAME Conrad Mc. Cue

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT John Mc. Cue.

(Address) 1716 Harford Ave

18. BURIAL, CREMATION, OR REMOVAL.

Place National Cem. Date 5. 15. 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Hollins Sts

MAY 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5. 12. 35 19

22. I HEREBY CERTIFY, That I attended deceased from April 13/35 19 to May 12 1935

I last saw him alive on May 11 1935 Death is said to have occurred on the date stated above, at 4. P. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma, Esophagus

Date of onset Abt 1 year

Other contributory causes of importance:

Uremic Metastasis

Name of operation No Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John J. Tech M. D.

(Address) 936 S. Monument St.

D. B 1268-9

F 12598

12598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Iola Johnson Hurt

(a) Residence: No. 1035 West Mulburry St, St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Harry Hurt

DATE OF BIRTH (month, day, year) Dec. 31st 1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
29	4	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Creek N.C.

13. NAME Spencer Harding

14. BIRTHPLACE (city or town) (State or country) Southcreek N.C.

15. MAIDEN NAME Karie ?

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Harry Hunt
(Address) 1035 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 14, 35

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED 14 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on INQUIREY . 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
A Acute Subaracnoid Hemorrhage	

Other contributory causes of importance:

Acute Parenchymatous Nephritis.	

Name of operation None Date of ...

What test confirmed diagnosis Coma Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Thos. H Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

D. B. 1268-9

F 12599

HEALTH DEPARTMENT—CITY OF BALTIMORE

12599

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Good Samaritan Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME George McCormick

(a) Residence: No. 1005 Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-20-1875

8. AGE: Years 60 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER / FATHER

13. NAME Mack McCormick

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

15. MAIDEN NAME Caroline Evans

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md.

17. INFORMANT Eliza Johns
(Address) 123 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 14, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder St

20. FILED 5-14-1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1935 to 5-10, 1935

I last saw him alive on 5-10, 1935 Death is said to have occurred on the date stated above, at 6.05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	4-18-35
Lobar Pneumonia	4-18-35
Right sided hemiplegia	3-19-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) H. Calvert Marshall M. D.

(Address) 1838 Linden Ave.

F 12600

H. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12600

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No.) St., 4 Ward) Registered No. 153

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Emory Stewart

(a) Residence: No. 733 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Julia Stewart

6. DATE OF BIRTH (month, day, year): June 7 1871

7. AGE: Years 43 | Months 11 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto Md.

FATHER

13. NAME: John Stewart

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Martha Redden

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hosp - Records

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date May 14 1935

19. UNDERTAKER: [illegible]

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 11 1935

I HEREBY CERTIFY, That I attended deceased from Dec 1 1934 to May 11 1935

I last saw him alive on May 11 1935 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Cellulitis Leg - Right — Date of onset 5 months

Other contributory causes of importance: Kidneys Disease ?

Name of operation: Incision and Drainage — Date of operation May 11 1935

What test confirmed diagnosis? + Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel Hyatt M. D.

(Address) Balto City Hosp

H. D. B 1268-9

F 12601

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12601

Registered No. 134

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Kolodziejski

(a) Residence: No. ~~508 Vernon St~~ 4115 Fairhaven St Curtis Bay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian Matuszewski

6. DATE OF BIRTH (month, day, year) Sep 25, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	7	17/3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Frank Kolodziejski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Budna

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Lillian Kolodziejski

(Address) 4115 Fairhaven St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A.A. Co. Date May 15 19 35

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern Ave. Remington Funeral Home, Inc.

14 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to May 12 1935

I last saw him alive on May 12 1935. Death is said to have occurred on the date stated above, at 11 50 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephrolithiasis & Pyelonephritis	12y.

Other contributory causes of importance:

Uremia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. Smith M. D.

(Address) Mercy Hospital

D. F. 1268-9

F 12602

HEALTH DEPARTMENT—CITY OF BALTIMORE

12602

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 3036 W. North ave

CITY OF BALTIMORE: (No. 3036 W. North ave St. 15 Ward)

Length of residence in city or town where death occurred 86 yrs. 4 mos. 7 ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME David Joseph Clarke

(a) Residence: No. 3036 W. North ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary McKeown Clarke

7. DATE OF BIRTH (month, day, year) April 21 1849

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	86	1	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drugs

10. Date deceased last worked at this occupation (month and year) About 20 years ago

11. Total time (years) spent in this occupation About 40 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Thomas F Clarke

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Cowan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Annie Clarke

(Address) 25 Spring st Macon Ga

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 14. 1935

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 E. Biddle St

..... 19 ..... Registrar.

FILED MAY 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency or (Valvular Lesion)	

Other contributory causes of importance:

Senility Natural Causes due to age,

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? No injury (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. Hann ....., M. D.
Coroner

(Address) 1215 Hanover St.

✓ F 12603

H. D. P. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12603

CERTIFICATE OF DEATH

34-J-36

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Johnson

(a) Residence: No. 904 Peach St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Richard.

6. DATE OF BIRTH (month, day, year) 5/5/1873

7. AGE: Years 62; Months; Days 6; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME Joe Hammond.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Margaret Robinson?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date 5/14 1935

19. UNDERTAKER Walter E. Long Co.

(Address) 13 W. Lexington St.

Filed 5/14 1935, 19 The Interstate Undertaking Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/23 1935 to 5/11 1935

I last saw her alive on 5/11 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

Inflation B arm c Septicaemia (?) — Date of onset 2 wks.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

H. D. P. 1268-9

✓ F 12604

12604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

Length of residence in city or town where death occurred ~~life~~ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Taylor

(a) Residence: No. 1100 Mc Culloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/25/86

7. AGE: Years 48. Months 4 Days 13 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Eliza Taylor

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Univ. Md Date May 14 1935

19. UNDERTAKER
(Address)

20. FILED May 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/26 1935 to 5/8 1935

I last saw her alive on 5/8 1935 Death is said to have occurred on the date stated above, at 7:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/1/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19..

Where did Injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify.

(Signed) Roberta Carter M. D.

(Address) Balto City Hosp

H. D. P. 1268-9

✓ F 12605

12605 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5722 Rockspring St. Ward 27)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen A. Cohen

(a) Residence: No. 5722 Rockspring Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gerald Cohen

6. DATE OF BIRTH (month, day, year) Mar 20 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Christopher Byrne

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Eve Gallent

16. BIRTHPLACE (city or town) (State or country) Gallent

17. INFORMANT Gerald Cohen

(Address) 5722 Rockspring Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Cremated Date 5/16, 1935

19. UNDERTAKER Leonard Pumphrey

(Address) 3320 Woodbine Ave

20. 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 7th, 1935, to May 13, 1935

I last saw her alive on May 13, 1935. Death is said to have occurred on the date stated above, at 1.10 P. m.

The principal cause of death and related causes of importance were as follows:

Chronic Bright's Disease

Chronic Convulsions

Date of onset 2

Other contributory causes of importance: Subarachnoid Hemorrhage. 3 days

Name of operation None Date of

What test confirmed diagnosis? Renal Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. H. Bastian, M. D.

(Address) 1217 Washington Blvd

D. H. 1206 F 12606 F 12606

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

178-D

1. PLACE OF DEATH In Garage in Rear of #2822 W. North ave, Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Rear of 2822 W. North ave St., 15 Ward)

Length of residence in city or town where death occurred 8 yrs. 6 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Flanagan jr.

(a) Residence: No. 21 Sanford ave Catonsville md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 26 - 1913.			
AGE	Years	Months	Days	If LESS than 1 day..... hrs. or .....min.
	22	0	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lineman 1066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Engine Station

10. Date deceased last worked at this occupation (month and year) May 16 35 | 11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) 1332 W. North ave, Baltimore Md

13. NAME John J. Flanagan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ruth Polly Motes

16. BIRTHPLACE (city or town) (State or country) Salvisa W. Va.

17. INFORMANT Mrs Ruth L. Flanagan
(Address) 21 Sanford Ave - Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place London Park. Date May 15- 1935

19. UNDERTAKER Charles J. Schubert.
(Address) 505 N. Bronson St.

20. FILED MAY 14 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3-4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death by Carbon Monoxid Gas Poisoning	5/13/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 1215 Hanover

D. B 1268-9

F 12607

12607 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Kirkley's Villa St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. 7 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia A. Ryan

(a) Residence: No. 4301 Roland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thos Ryan,

7. DATE OF BIRTH (month, day, year) Oct 9, 1862.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife

10. Date deceased last worked at this occupation (month and year) 1927 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME David Leonard.

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Ellen Gorman

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. May 15 1935

19. UNDERTAKER Easton Bros

(Address) Ellicott City

20. FILED MAY 14 1935 Healy & Williams, Undertakers

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1930 to May 13 1935

that I last saw h[illegible] alive on May 13 1935 Death is said to have occurred on the date stated above, at 7.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Condition Dilatation	10 min
Other contributory causes of importance: Myocarditis Chronic Interstitial Arteriosclerosis	

Name of operation None Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify None

(Signed) J. Emmett Kelly M. D.

(Address) 608 Somerset Rd

D. B. 1268-9

✓ F 12608

12608

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 106 N. Fulton Ave. St. 20-1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN STONEWALL J. HEALY

(a) Residence: No. 106 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katherine B. Healy

7. DATE OF BIRTH (month, day, year) August 11th. 1862

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Healy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Donnelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Katherine B. Healy.
(Address) 106 N. Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date May 15th. 35

19. UNDERTAKER Chas. B. Crane & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 5 14 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1935 to May 12 1935

I last saw him alive on May 12 1935 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/3/35

Other contributory causes of importance:

Arterio Sclerosis Unknown

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. O'Neill M. D.

(Address) 108 N. Fulton Ave.

H. D. P. 1268-9

12609 F 12609

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2112 Barclay St. St., 12 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH L. DUGAN

(a) Residence: No. 2112 Barclay St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) November 14th, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Registar of Wills.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Daniel Dugan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Conway

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Family Recorda

(Address) 2112 Barclay St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery, Date May 16th. 1935

19. UNDERTAKER Chas J. Travis & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED 5-14-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1934 to May 13 1935

I last saw h[illegible] alive on May 13 1935 Death is said to have occurred on the date stated above, at P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Interstitial Nephritis	
Other contributory causes of importance: uremia	

Name of operation ✓ Date of .....

What test confirmed diagnosis? usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ..... 19..

Where did Injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of Injury ✓

Nature of Injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify .....

(Signed) E. J. Kirby M. D.

(Address) 110 E North Ave

H. D. B. 1268-9

12610 F 12610

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 117-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. 11 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard T Bond

(a) Residence: No. White Hall, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm Laborer

10. Date deceased last worked at this occupation (month and year) May 1934

11. Total time (years) spent in this occupation 10yrs

12. BIRTHPLACE (city or town) Baltimore Co
(State or country) Maryland

FATHER

13. NAME Joshua Bond

14. BIRTHPLACE (city or town) Baltimore Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Brown

16. BIRTHPLACE (city or town) Baltimore Co
(State or country) Maryland

17. INFORMANT Joshua Bond
(Address) White Hall, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Jessup Cem Date May 17 1935

19. UNDERTAKER P. Marshall Ivey
(Address) White Hall Md

14 1935 Huntington Pottsville MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1935 to 5-14 1935

I last saw him alive on 5-14 1935 Death is said to have occurred on the date stated above, at 2:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured duodenal ulcer	
Other contributory causes of importance:	
Broncho pneumonia	

Name of operation Repair of ulcer Date of 5-7 35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles P. Ingalls M. D.

(Address) Maryland Gen Hosp.

F. D. B. 1268-9

12611

✓ F 12611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Ryan

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/7/1857

7. AGE: Years 77 | Months 7 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Estimator

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): R. I.

FATHER

13. NAME: John F Ryan

14. BIRTHPLACE (city or town) (State or country): R. I.

MOTHER

15. MAIDEN NAME: Bridget Collins

16. BIRTHPLACE (city or town) (State or country): England.

17. INFORMANT (Address): Patient.

18. BURIAL, CREMATION, OR REMOVAL Place: Mount Olivet Date: July 30

19. UNDERTAKER (Address): F. J. Tracy & Bro. 1315 Eutaw St

20. FILED: 1935 Harrington Town Talbot Co. Md. Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28 1934 to 5/10 1935

I last saw him alive on 5/10 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 days

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

✓ F 12612

12612 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3425 Hickory Ave. St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah A. Stevens

(a) Residence: No. 3425 Hickory Ave. St., 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): May 19-1850

7. AGE: Years 84 | Months 11 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country): Carroll Co. Maryland

13. NAME: George Stevens

14. BIRTHPLACE (city or town) (State or country): Carroll Co. Md.

15. MAIDEN NAME: Hannah Breeland

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. Lida A. Burgee

(Address): 3631 Falls Road

18. BURIAL, CREMATION, OR REMOVAL.

Place: St. Marys Hampden May 16 1935

19. UNDERTAKER: Horace F. Burgee

(Address): 3631 Falls Road

MAY 14 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1934 to May 13 1935

I last saw her alive on May 13 1935 Death is said to have occurred on the date stated above, at 3:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia & extensive muscular atrophy	
Arteriosclerotic heart	May 3 1935

Other contributory causes of importance:

arteriosclerosis	

Name of operation — Date of —

What test confirmed diagnosis? clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hubert Hall M. D.

(Address) 2020 N. Charles

F 12613

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1800 Harmon Ave. St., 25 Ward)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie E. French

(a) Residence: No. 1800 Harmon Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles L. French

DATE OF BIRTH (month, day, year) Jan 18 1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0137

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

13. NAME John Widman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT William L. French
(Address) 1217 S. Carey St,

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 16. 1935

19. UNDERTAKER Jno. Mus. J. W. Tenth & Son
(Address) 601 W. Lafayette St.

MAY 15 1935 Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 35, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on Inquirey ... 19... Death is said to have occurred on the date stated above, at 8-25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	
Other contributory causes of importance: Myocarditis, (Chronic)	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

D. F. 12614 F 12614 F 12614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3014 Ferndale Ave. (St.) 28 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa M. Erbeck

(a) Residence: No. 3014 Ferndale Ave. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

6. If ~~married~~, widowed, ~~or divorced~~
~~HUSBAND~~ (or) WIFE of William L. Erbeck

DATE OF BIRTH (month, day, year) Mar 31st 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	1	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0057
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) St. Louis Mo.

13. NAME Henry Wiedmeyer
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Un Known
16. BIRTHPLACE (city or town) (State or country) St. Louis Mo

17. INFORMANT Mrs Robert Padgett
(Address) 3014 Ferndale Ave

18. BURIAL, CREMATION, OR REMOVAL Cremated Westfield N.J. 5/16/35

19. UNDERTAKER Wm Cook Sons
(Address) 1219 E. Lanvale St

Registrar. 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13th, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935 to May 13, 1935
I last saw her alive on May 13, 1935 Death is said to have occurred on the date stated above, at 5th P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	about 16 days ago

Other contributory causes of importance: Arterio-Sclerosis Senility Angina-Pectoris Diabetes

Name of operation None Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city, town, county, and State)
Specify whether injury occurred in home, or factory, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William H. Lovell M. D.
(Address) 3705 Liberty Heights Ave

D. B 1268-9 F 12615

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12615

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE. (No.) Sidewalk Basement S.W.C. Eastern & Highland Ave. St., (Ward) 16

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry W. Stroupe

(a) Residence: No. 610 S. Oldham St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Lena Stroupe

DATE OF BIRTH (month, day, year) April 20 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	—	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist 1031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Foundry

10. Date deceased last worked at this occupation (month and year) May 13 35

11. Total time (years) spent in this occupation S. Young Co.

12. BIRTHPLACE (city or town) (State or country) Winston Salem North Carolina

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown probably N.C

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown probably N.C

17. INFORMANT Lena Stroupe

(Address) 610 S. Oldham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 17th, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED MAY 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.. alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wright, M. D. Coroner

(Address) 1010 S. Oldford Ave.

D. B. 1208-9 F 12616 F 12616

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5304 Wayne Ave St., 28 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Sink West

(a) Residence: No. 5304 Wayne Ave St., Ward.
(Usual place of Abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 17 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
Over	77	2	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lemuel Sink West

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Susan Herold

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Alice L Hutton
(Address) 5304 Wayne Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date May 16, 1935

19. UNDERTAKER Wm Cook Sons
(Address) 1212 E Baltimore St

20. FILED MAY 15 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1933 to May 13, 1935

I last saw he alive on May 14 1935 Death is said to have occurred on the date stated above, at 1245 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	May 13

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. C. Lemmon M. D.

(Address) 4309 Liberty Hgts

D. B. 1268 F 12617 F 12617

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3814 Ridgecroft Rd (Ward) 7

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane F. Borrell

(a) Residence: No. 3814 Ridgecroft Rd Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6. If ~~married, widowed, or divorced~~ (or) WIFE of: Pablo M. Borrell

7. DATE OF BIRTH (month, day, year): Oct 1st 1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: James V. Gifford

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Ann Down

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Miss Lotta M. Borrell

(Address) 3814 Ridgecroft Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: May 15th 1935

19. UNDERTAKER: Wm Cook

(Address) 1217 St Paul St

20. FILED: MAY 15 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to May 15 1935

I last saw her alive on May 12 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Decompensation	
Myocarditis	
Arteriosclerosis	

Other contributory causes of importance:

Name of operation: — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, specify

(Signed) Chas Bullock M. D.

(Address) 4702 Harford Rd

5/13/35

F 12618

F 12618

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1004 Cathedral St., 11 Ward)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary H. Sippel

(a) Residence: No. 1004 Cathedral St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ or ~~Divorced~~, Widowed. (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Charles A. Sippel

7. DATE OF BIRTH (month, day, year): Feb 11th 1841

8. AGE: Years: 94 | Months: 3 | Days: 2 | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER

13. NAME: Charles Heckman

14. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): William F. Sippel 1004 Cathedral St

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: May 15th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: MAY 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 13th 1935

22. I HEREBY CERTIFY, That I attended deceased from January 7, 1935, to May 1, 1935.

I last saw her alive on May 1 1935. Death is said to have occurred on the date stated above, at 10:a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Jan 1935

Other contributory causes of importance:

Carcinoma Right breast — 1925

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry J. Collenberg, M. D.

(Address) 2 W. Read St.

D. P. 1268-9

E 12619

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ruth Van Damken

(a) Residence: No. 2218 Mura St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 4/5/35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph B. Van Damken

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Iola V. Cook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 5/15, 1935

19. UNDERTAKER Howard N. Blight Jr.
(Address) 1418 N. Gay St

MAY 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935 to May 14, 1935
I last saw her alive on May 14, 1935 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea, enteron-enteritis	May 7.
Other contributory causes of importance:	
Mild rhino-pharyngitis	May 7.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wm. O. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

D. B. 12[illegible] F 12620

F 12620

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1304 Ensor St. St., 9 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patrick J. Coatingham

(a) Residence: No. 1304 Ensor St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah A. Coatingham

6. DATE OF BIRTH (month, day, year) Jan. 26. 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66 yrs.	3 Mo.	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk at coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn R.R. Shed

10. Date deceased last worked at this occupation (month and year) Sept. 1934

11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) County Galway Ireland

13. NAME OF FATHER Thomas Coatingham

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Mary Leary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Sarah A Coatingham

(Address) 1304 Ensor st

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 17, 1935

19. UNDERTAKER Edmund J. Conklin

(Address) 524 E. Eager st.

20. FILED May 15 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5 yrs
Other contributory causes of importance:	
Heart Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1912 E. Monument

D. B 1268-8

F 12621

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12621

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Franklin Square Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward) Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Vaughan

(a) Residence: No. 23 N. Amnity St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C	Child

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 30-1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER James Vaughan

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Viola Stoppi

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT Viola Vaughan

(Address) 23 N Amnity St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 5/15 1935

19. UNDERTAKER Watts Bisphams

(Address) 139 W Saratoga St

FILED MAY 13 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/11/35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on 5/11/35, 19..... Death is said to have occurred on the date stated above, at 4.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probable fractured Skull & neck	
Intra abdominal injuries	

Other contributory causes of importance:

Multiple abrasions of leg & body

Name of operation ..... Date of .....

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 5/11 1935

Where did injury occur? 900 Block W Balto St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Auto

Nature of injury Auto accident

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

Herbert Cuter MD Coroner D.

(Address) 1427 Park Ave

F 12622 — 2-29-28—L. F. S.—500 Bks.

F 12622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-C

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3904 St. Paul ST. 17 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Ernest H. Keidel

(a) RESIDENCE NO. 3904 St. Paul ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) Dec 27 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	4	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Miner

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Catonsville
(State or country) Md

10 NAME OF FATHER Charles Keidel

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Germany

12 MAIDEN NAME OF MOTHER Pauline V. Knabe

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Germany

Informant Mr A E Keller

(Address) 3904 St Paul st

Filed [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 14, 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1933, to May 14, 1935

that I last saw him alive on May 13, 1935

and that death occurred, on the date stated above, at 3:30 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis
(Sclerotic type)
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteria - sclerosis
(duration) 3 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Physical Exam.

(Signed) Bartus I. Baggett M. D.

(Address) 2229 Eutaw Pl. , 19

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: May 16 1935

20 UNDERTAKER: Henry A. Jenkins Sons — ADDRESS: McCulloh & Orchard Sts.

M. D. B. 1268-9

F 12623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12623

CERTIFICATE OF DEATH

V 108.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Trinity St., 3 Ward)

Length of residence in city or town where death occurred 62 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Younger

(a) Residence: No. 920 Trinity St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W. & B.	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Oliver Younger

7. DATE OF BIRTH (month, day, year) Sept 29, 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62.	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Colo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME John Younger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Boemer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ellen Oliver Younger
(Address) 920 Trinity St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 15 1935

19. UNDERTAKER Frank D. Pipitone
(Address) 238 E. Baltimore St

Huntington Pennsylvania

FILED MAY 15 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to May 12 1935

I last saw him alive on May 12 1935 Death is said to have occurred on the date stated above, at 10.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Jos. L. Valentine M. D.

(Address) ...

D. B. 1268-9

F 12624

12624

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital (Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Ullrich

(a) Residence: No. 1723 N. Port St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Geo. Ullrich

6. DATE OF BIRTH (month, day, year) Nov 6, 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country)

13. NAME August Murchet

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sophia Schroeder

16. BIRTHPLACE (city or town) Baltimore
(State or country)

17. INFORMANT August Murchet

(Address) 1723 N. Port St

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz's Date 5/16/35 19

19. UNDERTAKER Phillip Henrich & Sons

(Address) 2016 Eastern Ave

20. FILED MAY 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935 to May 14, 1935

I last saw her alive on May 11, 1935 Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus peritonitis	
Pneumococcus septicemia	
Pneumococcus pneumonia - bilateral	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leonard J. Abramowitz, M. D.

(Address) Sinai Hospital

D. B. 1268-9

KLINGELHOFER

F 12625

HEALTH DEPARTMENT—CITY OF BALTIMORE

12625

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 E. 28th St. St., 9 Ward)

Length of residence in city or town where death occurred 15 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Borchard Klingelhofer

(a) Residence: No. 1709 E. 28th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M/C.	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) July 11 - 1919

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	10	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Martin Klingelhofer

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Flora Borchard

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mr Reginald Downey

(Address) 3871 Mayfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date 5/10/35 19

19. UNDERTAKER Philip Stewart Sons

(Address) 2110 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

S 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from January 9 1935 to May 14 1935

I last saw him alive on May 14 1935 Death is said to have occurred on the date stated above, at 4:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pericarditis (Rheumatic)	Jan 9 1935

Other contributory causes of importance:

Myocardial failure	May 1 1935

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wedrud Stewart M. D.

(Address) 1739 E. 28th St

F 12626

O. B 1268-9

F 12626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ X 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital, 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carson Tarone

(a) Residence: No. Avon Beach Rd Surrey Station Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Isaacus Tarone

14. BIRTHPLACE (city or town) (State or country) N C

15. MAIDEN NAME Roberta Mills

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Charles Moore
(Address) 829 Caroline Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Camden N. J. Date 5/16 1935

19. UNDERTAKER Samb. W. Glasgow Son
(Address) 638 N Gilmor

MAY 15 1935 19 Filed Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1935 to 5-13 1935

I last saw him alive on 5-13 1935 Death is said to have occurred on the date stated above, at 5 05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	5/13

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen Coroner, M. D.

(Address) Augusta Ga

D. B. 1265-9

F 12627

F 12627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6009 Pinehurst Rd 22

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hettie Uberta Anderson

(a) Residence: No. 6009 Pinehurst Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William J. Anderson

DATE OF BIRTH (month, day, year) Sept. 12, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glencoe, Md.

13. NAME W. & H.F. Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Elizabeth Slade

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. E. Hammick
(Address) Catonsville Md

18. BURIAL, CREMATION, OR REMOVAL
Place Prospect Hill Cem. May 17. 1935

19. UNDERTAKER John Brown's Sons
(Address) Towson, Maryland

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1928 to May 15 1935

I last saw ~~him~~ her alive on May 15. 1935 Death is said to have occurred on the date stated above, at 6.20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Cardio Vascular Renal Disease	June 1928
Other contributory causes of importance: Cardiac Decompensation	May 1935

Name of operation None Date of .....

What test confirmed diagnosis? Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Chas W. Edwards M. D.

(Address) 8746 Alameda Blvd

D. B. 1268-9

F 12628

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12628

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1027 N. Calvert St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hermann Collitz

(a) Residence: No. 1027 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Klara Hechtenberg

DATE OF BIRTH (month, day, year) Feb. 4, 1855

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	80	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Professor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Christian Collitz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ----

16. BIRTHPLACE (city or town) (State or country) ----

17. INFORMANT Mrs. Klara H. Collitz

(Address) 1027 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemy. Date May 15, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED MAY 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to May 13 1935

I last saw him alive on May 13, 3 P.M. 1935 Death is said to have occurred on the date stated above, at 10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris.	
Coronary occlusion.	
Senility	
arteriosclerosis.	

Other contributory causes of importance:

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul H. Gelbaugh, M. D.

(Address) 24 E. Eager St.

D. B. [illegible] F 12629

F 12629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1613 Clifton Ave. St., 15 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Rebecca Godfrey

(a) Residence: No. 1613 Clifton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced [redacted] (or) WIFE of Frank Godfrey

DATE OF BIRTH (month, day, year) Oct. 14, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 6037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (city or town) (State or country) Sussex County Delaware

13. NAME Joseph Marvel

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Sarah Jefferson

16. BIRTHPLACE (city or town) (State or country) Sussex County Delaware

17. INFORMANT Sadie Trott

(Address) 1613 Clifton Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Snow Hill Date May 18, 1935

19. UNDERTAKER Wm J. Perkins & Sons

(Address) Main & Penna Ave Snow Hill

20. FILED MAY 15 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to May 15, 1935

I last saw her alive on May 14, 1935 Death is said to have occurred on the date stated above, at 5:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Chronic myocarditis	unknown
Uremia	5-11-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Nathan Rasusin M. D.

(Address) 206 S. Gilmor St.

F 12630

D. B. [illegible]-12630

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 21 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Barrow

(a) Residence: No. 1334 Sargeant St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (Write the word)
Female	White	Widowed

6. If married, widowed, or divorced WIFE of Isaac I. Barrow

DATE OF BIRTH (month, day, year) 7/30/1868.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Eliza Collins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Marg. Saul

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL Spring Hill

Place Eaglon Md Date May 16, 1935

19. UNDERTAKER J. H. Markward

(Address) St Michaels Md

20. FILED MAY 16 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935 to 5/13, 1935

I last saw h[illegible] alive on 5/13, 1935 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Bronchopneumonia	3 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

D. B. 1268-9

✓ F 12631

12631 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1814 E. Lanvale St., 8 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clair Benson

(a) Residence: No. 1814 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Benson

DATE OF BIRTH (month, day, year) Dec. 4th, 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 50 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland

13. NAME Christopher Benson

14. BIRTHPLACE (city or town) (State or country) Scotland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT William T. Benson

(Address) 21 S. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 5/15/35 19

19. UNDERTAKER Frederick A. Cole

(Address) 1200 W Lombard St.

20. FILED MAY 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-12- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11- 1935 to 5-12- 1935

I last saw him alive on 5-12- 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1-
Pulmonary Edema	1
Cerebral Hemorrhage	2-

Other contributory causes of importance:

Name of operation N/A Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N/A Date of injury 19

Where did injury occur? N/A (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place N/A

Manner of injury N/A

Nature of injury N/A

24. Was disease or injury in any way related to occupation of deceased? N/A If so, specify N/A

(Signed) Daniel Miller M. D.

(Address) 1400 N. Broadway

D. P. 1248-9

Folzman ✓ F 12632

12632 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St. 19 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Folzman

(a) Residence: No. 1704 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12-11-56

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Meier

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lizzette Fritze

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Sada Long

(Address) 111 S. Bouldin St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 5/17 1935

19. UNDERTAKER Frederick R. Cole

(Address) 1200 W. Lombard St

20. FILED MAY 15 1935

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-9-35, 19 to 5-14-35, 19

I last saw her alive on 5-14-35, 19. Death is said to have occurred on the date stated above, at 5½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Cerebral thrombosis	
Arteriosclerosis	
Other contributory causes of importance:	
Term. Broncho Pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Allison, M. D.

(Address) Bon Secours Hospital

D. B 1269-6

12633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

167

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Garage in rear of 3013 Erdman Ave St., 8 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert E. Ballard

(a) Residence: No. 3013 Erdman Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Mary E. Ballard

DATE OF BIRTH (month, day, year) August 19 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	8	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ptr

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yeast Company

8. Date deceased last worked at this occupation (month and year) May 13, 1935

11. Total time (years) spent in this occupation 30 years

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Lewis J. Ballard ?

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary E. Elliot ?

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mary E. Ballard

(Address) 3013 Erdman Ave.

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 5/17/35, 19

UNDERTAKER Frederick A. Goltz

(Address) 1200 W. Fayette St.

FILED MAY 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning	
Bullet Wound of head ?	

Other contributory causes of importance:

Hemorrhage	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ~~Suicide~~ Date of injury May 17, 1935

Where did injury occur? Garage rear 3013 Erdman (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Garage

Manner of injury Bullet Wound of head

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber M. D. Coroner

(Address) 1919 E. Ruth Ave.

D. B. 1268-9

12634 ✓ F 12634

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., N 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Montague

(a) Residence: No. 3011 Pelham Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Magdalena Montague

DATE OF BIRTH (month, day, year) Oct. 23, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Jan. 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Frank L. Montague,

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Carolina Kahl

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Frank Montague,
(Address) 3801 Northern Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 16 1935

19. UNDERTAKER Edward Lansdale
(Address) 7401 Belair Road

20. FILED MAY 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13 1935

22. I HEREBY CERTIFY, That I attended deceased from April 19 1935 to May 13 1935

I last saw him alive on May 13 1935 Death is said to have occurred on the date stated above, at 5⁰⁵ p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension and arteriosclerosis.	
2. Chronic nephritis.	
3. Chronic hypocanditis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. Register 12635 ✓ F 12635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Moore

(a) Residence: No. 2007 Madison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Amanda Moore

DATE OF BIRTH (month, day, year) 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	50			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Statesville N C

13. NAME Thomas Moore

14. BIRTHPLACE (city or town) (State or country) Statesville N C

15. MAIDEN NAME Sallie Patterson

16. BIRTHPLACE (city or town) (State or country) Statesville N C

INFORMANT Eugene Moore

(Address) 2232 W Norris St Phila Pa

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 5-16, 19

UNDERTAKER Mrs. Howard B. Cole & Co. Funeral Directors

(Address)

FILED 5-16, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1935 to 5-13, 1935

I last saw him alive on 5-13, 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/12/35
(Accidental)	

Other contributory causes of importance:

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-12, 1935

Where did injury occur? 2007 Madison Ave

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down stairs

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. J. Allen M. D.

Coroner

(Address) 5 S. Eutaw St

D. B 12636 F 12636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

B 12636

75

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3 S. Frederick St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Steve Holmes

(a) Residence: No. 3 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Lawrence, Mass.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Balto. Transient Bureau
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Emerald, Md. Date May 15, 1935

UNDERTAKER

(Address)

FILED MAY 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolism	5/2/35
Alcoholism, Cardiac Dilitation	5/10/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer B. Wallace, M. D. Coroner

(Address) 1031 St. Paul St.

D. B. 1268-9

F 12637

2637

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Bon Secours Hospital St., 70 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward H. Burrows (Edward Howard Burrows)

(a) Residence: No. 2238 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Burrows

DATE OF BIRTH (month, day, year) 2-27-93

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	2	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sea Food Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Travers & Burrows

10. Date deceased last worked at this occupation (month and year) April 26, 1935

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) St. Michaels Maryland

13. NAME Edward H. Burrows

14. BIRTHPLACE (city or town) (State or country) St. Michaels, Maryland

15. MAIDEN NAME Rena Locke

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT (Address) Mrs. Florence Ann Burrows 2238 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date May 16, 1935

19. UNDERTAKER (Address) Lord & Poole 1003 N. Eutaw Street

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-6-35, 19 to 5-13-35, 19

I last saw him alive on 5-13-35, 19 Death is said to have occurred on the date stated above, at 7 45/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance: Lymphatic Leukemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Robert W. Allison, M. D.

(Address) Bon Secours Hosp

F 12638

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2221 Callow ave St. 13 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth: 35 yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Louis Kahn

(a) Residence: No. 2221 Callow ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mfg
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nek Wear
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia
13. NAME Wolf Kahn
14. BIRTHPLACE (city or town) (State or country) Russia
15. MAIDEN NAME Rachael Polin
16. BIRTHPLACE (city or town) (State or country) Russia
17. INFORMANT Sarah Kahn
(Address) 2221 Callow ave
18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date 5/15, 1935
19. UNDERTAKER Jack Lewis Inc
(Address) 1729 E. Baltimore St
20. FILED ..., 19..., Registrar.

5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1927, to May 14, 1935. I last saw him alive on May 14, 1935. Death is said to have occurred on the date stated above, at 11.05 P m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (Renal) with Hypertension (Familial tendency) — Date of onset Prior 1927

Other contributory causes of importance:

Cerebral haemorrhage (Left) — 5/14/35

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W. Judd M. D.

(Address) 8 E. Edger St. Balto Md

aCo. 5-31 250B

2639 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 2639

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 480 Eastern Ave St. Ward)

Length of residence in city or town where death occurred 5 yrs 5 mos ds How long in U S. If of foreign birth? yrs mos ds.

2. FULL NAME Christian Hesse

(a) Residence: No. 480 Eastern Ave St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND of (or WIFE of) Florence Hesse

DATE OF BIRTH (month, day, year) Jan 3 - 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc City

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Christian Hesse.

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elmina Kelly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Florence Hesse

(Address) 480 Eastern Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date 5-16, 1935

19. UNDERTAKER Wendell E. Humphreys

(Address) 501 N. Broadway

20. FILED 5-15-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-13-1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7 1935 to 5/13 1935

I last saw h[illegible] alive on 5/13 1935 death is said to have occurred on the date stated above, at 9:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1 yrs
Myocarditis	1 wk

Other contributory causes of importance:

Uraemia. 10 da

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) W. T. Gray M.D. , M. D.

(Address) 6 E Fayette St

D. B. 1268-9

Hillotts ✓

12640 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12640

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3019 Pinewood Ave St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Hammer
(a) Residence: No. 3019 Pinewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 14/35

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME Sylvester Hammer
14. BIRTHPLACE (city or town) (State or country) Balto. Md.
15. MAIDEN NAME Rose Constant
16. BIRTHPLACE (city or town) (State or country) Balto. Md.
17. INFORMANT Sylvester Hammer
(Address) 3019 Pinewood Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 15/35 19
19. UNDERTAKER Sulfy Funeral Home
(Address) 2232 W. Pratt St.
20. FILED MAY 16 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15/35 19

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1935 to 5-15 1935
I last saw him alive on 5-15 1935 Death is said to have occurred on the date stated above, at 12 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis	
Other contributory causes of importance: Prematurity	

Name of operation none Date of —
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. G. Hollotts M. D.
(Address) 114 Medical Arts Bldg.

D. P. 1263-9

✓ F Burchi 12641

12641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N Monfort Ave St., 6 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M Sunderland

(a) Residence: No. 608 N Monfort Ave St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Sunderland

6. DATE OF BIRTH (month, day, year) Jan 30.1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	3	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Casper Hein

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Ann Lurtz

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mary Brown

(Address) 608 N Monfort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 18 1935

19. UNDERTAKER Tilly & Zeiler Inc

(Address) 1103 E Baltimore St

5-18-1935 Washington Funeral Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1935 to 5-15 1935

I last saw her alive on 5-14 1935. Death is said to have occurred on the date stated above, at 12 [illegible] m.

The principal cause of death and related causes of importance were as follows:

Uterine Carcinoma — Date of onset about 2 yrs ago

Hypertension — about 2 yrs ago

Other contributory causes of importance:

Acute Cardiac Dilatation — 10 da

Name of operation Jan 1935 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 600 Mulford

D. F 1265-9

2642 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 12642

CERTIFICATE OF DEATH

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 116 Upnor Rd St., 27 Ward) Homeland

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Richard Haworth. Homelands

(a) Residence: No. 116 Upnor Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
WIFE or HUSBAND of Louise Chester Haworth.

DATE OF BIRTH (month, day, year) Feb 10 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Otis Elevator 0686
10. Date deceased last worked at this occupation (month, day, year) 5-13-35
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Boston Mass.

13. NAME Samuel Haworth
14. BIRTHPLACE (city or town) (State or country) Boston Mass.
15. MAIDEN NAME Emma ——
16. BIRTHPLACE (city or town) (State or country) Boston Mass.

INFORMANT Mrs Richard Haworth
(Address) 116 Upnor Road

BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 16 1935

UNDERTAKER Henry W. Perkins Inc Co
(Address) 1701 Eutaw Orchard Sts

FILED MAY 15 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ——, 19— to ——, 19—

I last saw h— alive on January 19— Death is said to have occurred on the date stated above, at —m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in head	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 5/14, 1935
Where did injury occur? 116 Upnor Rd Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Home
Manner of injury Pistol held in hand of deceased
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Hodges M. D.
Coroner
(Address) Towson

D. B. 1268-9

F 12643

12643

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene & Redwood St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 21 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James A. Thirkel

(a) Residence: No. Avalon Relay, Md St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	M.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Fitz

DATE OF BIRTH (month, day, year) Oct 11, 1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	6	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME J. H. C. Thirkel

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Benjamin F. Anderson

(Address) Relay, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Audon Park Date May 16, 1935

19. UNDERTAKER Harry H. Kirkpatrick

(Address) 4016 Hamerdon ave

MAY 5 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-26-35, 19... to 5-13-35, 19...

I last saw h... alive on 5-13, 1935 Death is said to have occurred on the date stated above, at 8:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Thrombosis	1934

Other contributory causes of importance:

Name of operation Colostomy Date of 4-30-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) ... M. D.

(Address) University Hospital

D. B. 1268-9

2644

✓ F 12644

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 229 S. Wadeira Street St. 1 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rozalia Apson

(a) Residence: No. 229 S. Wadeira Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 26 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	16	

8. Trade, profession, or particular kind of work done, as spioner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Kuyawa

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Michael Apson (Son)
(Address) 229 S. Wadeira Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 16 1935

19. UNDERTAKER John M Welsh
(Address) 409 St Lawrence St Huntington Indiana

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to May 12, 1935

I last saw h.w alive on May 11, 1935 Death is said to have occurred on the date stated above, at 3:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	
Intestinal Obstruction	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Andrew Nemeczek M. D.

(Address) 2529 Eastern Ave.

D. B. 1265-9

12645 ✓ F 12645

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2210 Fleet St., 1 Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wojcik

(a) Residence: No. 2210 Fleet St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Zofia Wojcik

DATE OF BIRTH (month, day, year) 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME George Wojcik

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Zofia Wojcik
(Address) 2210 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date May 16, 1935

19. UNDERTAKER John M. Weber
(Address) 401 S. Chester St

20. FILED MAY 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 15 1935

I last saw h alive on May 13 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Pneumonia	
2. Cerebral Embolism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis Krause, M. D.

(Address) 5 East Lee St

D. B. 1268-9

12646

HEALTH DEPARTMENT—CITY OF BALTIMORE

12646

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 502 E. Fort Ave St., 24 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Ruff Sr.

(a) Residence: No. 1541 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Ruff nee Ruth

7. DATE OF BIRTH (month, day, year) April 9, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Franz J. Ruff

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Marica Reinhart

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Elizabeth Ruff

(Address) 1541 Conway Lane

18. BURIAL, CREMATION, OR REMOVAL Brooklyn

Place Holy Cross Cemetery Date May 15, 1935

19. UNDERTAKER Edgar W. Conklin

(Address) 624 E. Eager St.

20. FILED MAY 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1935, to May 15, 1935.

I last saw h[illegible] alive on May 15, 1935. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	

Other contributory causes of importance:

Hypertension Myocarditis & Chronic Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) John A. Schwenck M. D.

(Address) 1337 S. Charles St.

D. B. 1908-9 F 12647

F 12647

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward) 6

Registered No. 137

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arabie Hartsock

(a) Residence: No. Lisbon Howard County Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of late Cora V. Hartsock.

DATE OF BIRTH (month, day, year) 1869-11-5

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 65	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General store

10. Date deceased last worked at this occupation (month and year) May, 1935 | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME Daniel Hartsock

14. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

15. MAIDEN NAME Barbara Deebilbiss

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Kenton Cemt. Date May 17 - 1935

19. UNDERTAKER C. M. Watty (Address) Ilchester Md.

20. FILED — 1935 — Hartsock

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 15, 1935

I last saw h[illegible] alive on May 15, 1935 Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic hypertrophy, benign	
Paralytic ileus	May 11, 1935
Myocarditis, acute decompensation	May 11, 1935

Other contributory causes of importance:

Name of operation Suprapubic prostatectomy Date of May 10, 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Richard V. Hoover M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

F 12648

F 12648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2008 Jefferson St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 4 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frederick Wilbur Seaber

(a) Residence: No. Piedmont St., ... Ward. W. Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) W. owed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louisa Tonney Seaber

6. DATE OF BIRTH (month, day, year) Dec 6 - 1873

7. AGE | Years 61 | Months 5 | Days 4 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman ppbb

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. household goods salesman

10. Date deceased last worked at this occupation (month and year) Nov 1934 | 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Piedmont W. Va

FATHER

13. NAME John S Seaber

14. BIRTHPLACE (city or town) (State or country) Clearspring, Md.

MOTHER

15. MAIDEN NAME Mary Olivia Payne

16. BIRTHPLACE (city or town) (State or country) Grafton W. Va

17. INFORMANT Brother W. H. Seaber

(Address) Piedmont W. Va

18. BURIAL, CREMATION, OR REMOVAL

Place Piedmont Date 11-Ga 1935

19. UNDERTAKER Wm Ervin

(Address) 1214 St Paul St

20. FILED MAY 16 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1935, to May 15, 1935.

I last saw h.im alive on May 11, 1935. Death is said to have occurred on the date stated above, at 5 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of buccal membrane left cheek with extension to mandible and skin	1931
Other contributory causes of importance: acute cellulitis and adenitis	May 5

Name of operation — Date of ...

What test confirmed diagnosis? biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Edmund Kelly M. D.

(Address) Howard A Kelly Hospital Baltimore Md

D. R. 1265-9

F 12649

F 12649

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mercy Hospital St., 76 Ward)

Length of residence in city or town where death occurred yrs. 8 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Neal

(a) Residence: No. 1338 E. Eaton St., Ward. ×

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 15, 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	✓	8	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Edward Neal

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Sophie Henthorn

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs. Sophie Heathorn

(Address) 1338 E. Eaton St

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville, Md. Date 5/16, 1935

19. UNDERTAKER Schutz Connelly

(Address) Essex, Md.

20. FILED MAY 16 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5, 1935 to May 14, 1935

I last saw him alive on May 14, 1935 Death is said to have occurred on the date stated above, at 12 m. (noon)

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5-4-35
Other contributory causes of importance: Pulmonary edema	5-11-35

Name of operation None Date of

What test confirmed diagnosis? Ex. Physical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Alfred Charles Moore M. D.

(Address) Mercy Hospital, Baltimore.

D. B 1268-9

F 12650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12650

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Baker St., 15 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Peters

(a) Residence: No. 1515 Baker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 29-1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
58	59	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) West Virginia
(State or country)

13. NAME unk

14. BIRTHPLACE (city or town) unk
(State or country)

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) unk
(State or country)

17. INFORMANT Charles Peters
(Address) 1515 Baker St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/17 1935

19. UNDERTAKER Jno. P. Eberhardt Son
(Address) 608 N. Gilmor

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-14 1935 to 5-14 1935.
I last saw h alive on 5-14 1935 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	Jan 1935
Other contributory causes of importance:	

Name of operation unk Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 507 Cumberland St. Coroner

M. D. B21268-B F 12651

F 12651

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1842 Druid Hill St., 4th Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irene Parker

(a) Residence: No. 1842 Druid Hill St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred Parker

6. DATE OF BIRTH (month, day, year): April 15 1890

7. AGE: 44 Years 8 Months 15 Days — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Miss Geneva Parker
(Address) 1842 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Emancock Va. Date: May 18 1935

19. UNDERTAKER: Grace D.A. Harrison
(Address) 1735 Pennsylvania Ave

20. FILED: May 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1935 to 5/16 1935

I last saw her alive on 5/15 1935. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

Chr. Nephritis

Aortic Insufficiency

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Burkett M. D.

(Address) 1139 Eutaw Place

D. P. H. 348-3 12652

F 12652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4605 Lochslawn Rd Ward) 37

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry A. Johnson

(a) Residence: No. 4605 Lochslawn Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clyde Johnson Williams

DATE OF BIRTH (month, day, year) Aug 4 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney at Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law Office

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME of father Wm. T. Johnson

14. BIRTHPLACE (city or town) (State or country) Ind.

15. MAIDEN NAME of mother Maria Woodland

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. H. A. Johnson

(Address) 4605 Lochslawn Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/16 1935

19. UNDERTAKER Harry A. Tuttle

(Address) 1101 E. Lafayette Ave

FILED 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to May 14 1935

I last saw him alive on May 12 1935. Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	
Coronary thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) R. E. Franklin M. D.

(Address) 1123 St. Paul St.

F 12653

F 12653

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 345-E-28- St., 12 Ward)

Length of residence in city or town where death occurred 35 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth 61 yrs. 9 mos. 6 ds.

2. FULL NAME Minnie Belle MacDonald

(a) Residence: No. 345-E-28- St., Ward. Resident.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of David B. MacDonald

6. DATE OF BIRTH (month, day, year) August-9-1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Frederick Maryland

13. NAME OF FATHER Jerome Pampell

14. BIRTHPLACE (city or town) (State or country) Middletown Frederick Co. Md

15. MAIDEN NAME OF MOTHER Ariel Morgan

16. BIRTHPLACE (city or town) (State or country) Middletown Frederick Co. Md

INFORMANT Mr Harry E Pampell (Son)

(Address) 345-E-28 St

17. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date May 17 35

18. UNDERTAKER Stewart Mortuary Co.

(Address) 108 W Mt Royal Ave.

19. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-15-35. 19

22. I HEREBY CERTIFY, That I attended deceased from May 7 . 1935. to May 15 . 1935

I last saw her alive on May 9 . 1935. Death is said to have occurred on the date stated above, at 12 - 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	several years
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W White Jr . M. D.

(Address) 2800 St Paul St

D. 12654

F 12654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4261 N. Regester St., 6 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lt Cherrie Lang

(a) Residence: No. 4261 N. Regester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sil Lang

DATE OF BIRTH (month, day, year) 1879

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	5		

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Greenville So Car.

13. NAME Frank Willard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Cherrie Willard

16. BIRTHPLACE (city or town) (State or country) Miss

17. INFORMANT Mary Clayton

(Address) 4261 N. Regester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date 5-16 1935

19. UNDERTAKER Byron Maginnis & Knight

(Address) 1213 Mc Elderry St

FILED MAY 16 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-9- 1935 to 5-14- 1935

I last saw her alive on 5-13- 1935 Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Broncho-Pneumonia	5-4-35

Other contributory causes of importance:

Name of operation ..... Date of.

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. H. Cooper M. D.

(Address) 611 N. Calvert

F 12655

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

F 12655

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 4 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

FULL NAME Israel Sopher

(a) Residence: No. 15 N. Pine St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Hilda Sopher

DATE OF BIRTH (month, day, year) 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	49			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Coal dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ice & Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia

12. NAME Hertshel Sopher

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Baila

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Hilda Sopher - WIFE

(Address) 15 N. Pine St.

BURIAL, CREMATION, OR REMOVAL

Where Rosedale Cem Date 5/16/35 19

UNDERTAKER Jos. Lewis Sons Inc

(Address) 1437 E. Baltimore St.

FILED MAY 16 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15/35 19

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935 to May 15 1935

I last saw him alive on May 15 1935 Death is said to have occurred on the date stated above, at 4.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	

Other contributory causes of importance:

Name of operation ..... Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kathryn C. Kalusek M. D.

(Address) Sinai Hosp.

D. B. 1268-9

Perdue

F 12656

F 12656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Lozyette ave., 18th Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey Perdue

(a) Residence: No. 1017 Lozyette ave., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C.	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mattie Perdue

7. DATE OF BIRTH (month, day, year) 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoeworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) N. Carolina

13. NAME John Perdue

14. BIRTHPLACE (city or town) (State or country) N. Carolina

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) N. Carolina

17. INFORMANT Mattie Perdue

(Address) 1017 Lozyette ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date May 16th 1930

19. UNDERTAKER Archibald A. Hagelin

(Address) 2101 Mc Cauley St

20. FILED May 16 1930 Registrar

B 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14/30

22. I HEREBY CERTIFY, That I attended deceased from 5/7/30 to 5/14/30

I last saw him alive on 5/14/30. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Date of onset 5/3/30

Other contributory causes of importance:

Tuberculosis Lungs

T. B. Bowels

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) [illegible] M. D.

(Address) [illegible]

D. B 1268-9

12657 F 12657

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No.....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. John Hopkins Hospital Ward) 14

gth of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME David S. Hackett

(a) Residence: No. 404 Mc Mechen St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) August 14 1903

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	8 9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. pvt
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

12. NAME David Hackett

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

15. MAIDEN NAME Louise Howard

16. BIRTHPLACE (city or town) (State or country) Cockeysville Maryland

INFORMANT Louise Hackett

(Address) 404 Mc Mechen St.

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cemetery Date May 16th, 1933

UNDERTAKER Archibald A. Geddes

(Address) 2101 Mc Cullough St.

FILED May 17 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of Right leg	1½ years
Other contributory causes of importance:	
Metastatic Sarcoma to lung	?

Name of operation Amputation of R. leg Date of 12/14/32

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Scherbey, M. D.
Coroner

(Address) 1919 E. North Ave.

D. B. 1268-9

F 12658

12658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1531 Jefferson St., 6 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Rollins

(a) Residence: No. 1531 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Color	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 11th 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24 25	11	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Plainfield N. J.

13. NAME Vincent Rawlings

14. BIRTHPLACE (city or town) (State or country) Brunswick Co Va.

15. MAIDEN NAME Ida James.

16. BIRTHPLACE (city or town) (State or country) Plymouth Co Va.

17. INFORMANT Ida Rawlings - mother

(Address) 1531 Jefferson St

18. BURIAL, CREMATION, OR REMOVAL

Place The Bakers Lem Date May 16th 1935

19. UNDERTAKER Wm. Robert A. Elliott & Daughter

(Address) 1129 Washington Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 - 13 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from 10 - 4 - , 1935, to 5 - 13 - , 1935

I last saw h.. alive on 5 - 11 - , 1935. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lungs	—

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. H. Langley M. D.

(Address) 611 N Carey.

B 1268-9

12659

HEALTH DEPARTMENT—CITY OF BALTIMORE

12659

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

gth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Joseph E. Dunlay DUNLAY

(a) Residence: No. John Hopkins Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) Not Known

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Orderly
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hospital work
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 6 years

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Not Known

14. BIRTHPLACE (city or town) Not Known
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Not Known
(State or country)

INFORMANT Joseph Convey
(Address) 1307 W. Oxford St.

BURIAL, CREMATION, OR REMOVAL Holy Cross a a Co. Date 5-17 1935

UNDERTAKER Bernard C. Harle
(Address) 1000 S Paca St.

FILED MAY 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

D. B. 1268-9

12660 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12660

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 531 E. Fort Ave. St., 24 Ward)

Length of residence in city or town where death occurred 68 yrs. 9 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles A. Hicks Sr.

(a) Residence: No. 531 E. Fort Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Grace E. Hicks

6. DATE OF BIRTH (month, day, year) July 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	68	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail reader 003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Alexander Va.

13. NAME William Hicks

14. BIRTHPLACE (city or town) (State or country) Culpepper Va.

15. MAIDEN NAME Georgana Buzzard

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. Grace E. Hickes

(Address) 531 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date 5/17, 1935

19. UNDERTAKER J. Fow Mc Colby

(Address) 130 E. Fort Ave

20. FILED MAY 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 35

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 15 1935

I last saw him alive on May 15 1935 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1928
Chronic Nephritis	1930
Coronary Sclerosis	1935

Other contributory causes of importance: Exhaustion - Senescence

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Walter Kohn, M. D.

(Address) 107 E. Fort Ave

Z. D. B. 12649 F 12661 F 12661

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2318 E. Jefferson St., 7 Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Phyllis Kronka

(a) Residence: No. 2318 ~~E.~~ E. Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced — ~~HUSBAND of~~ (or) WIFE of: William Kronka

7. DATE OF BIRTH (month, day, year): June 3 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
√	42	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Czechoslovakia

13. NAME: Mikel Svozek

14. BIRTHPLACE (city or town) (State or country): City of Prague

15. MAIDEN NAME: Phyllis Klenka

16. BIRTHPLACE (city or town) (State or country): City of Prague

17. INFORMANT: Family History
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: National Cemetery Date: May 17, 35

19. UNDERTAKER: John A. Mongel
(Address): 3000 E. Baltimore St.

20. FILED ..... 19 ..... Registrar.

MAY 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/13/35

22. I HEREBY CERTIFY, That I attended deceased from Nov. 34 to May 13 35

I last saw her alive on May 13 35. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uteri

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Louis Krause, M. D.

(Address) 1111 Arc Bldg.

D. F. 268-9 F 12662 ✓ F 12662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Hospital St., 17 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Beaks (Peaks) (Robert Edward Peaks)

(a) Residence: No. 741 George St. St., Ward. ×
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 20, 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	28	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 004

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Robert Peaks

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Ida Klutz

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Date 5/16/35 19

19. UNDERTAKER Walter Brauer Co
(Address) 3 W Hamburg St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1934 to May 13, 1935

I last saw h. im alive on May 13, 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. W. Lawson M. D.

(Address) Baltimore City Hospital

D. P. 1268-9

✓ F 12663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9687 8

9F 12663

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Howard

(a) Residence: No. 2502 Madison St. Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widow

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Effie

DATE OF BIRTH (month, day, year) 7/31/96

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	38	0	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cork

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME George Howard Va -

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Annie Bryant Va -

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Staunton Va Date May 18 1935

19. UNDERTAKER Thos E. Kelson

(Address) 1305 Pierstmont St.

20. Filed 16 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1935 to May 14 1935

I last saw ~~him~~ alive on May 14 1935. Death is said to have occurred on the date stated above, at 6.50 p m.

The principal cause of death and related causes of importance were as follows:

Do not know cause of death Maybe due to an obscure infection - Necessitates autopsy negative. Will have to wait for microscopic reports

Date of onset: 4 weeks

Other contributory causes of importance:

Name of operation Exploratory laparotomy Date of 5-4-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred W Keil M. D.

(Address) Johns Hopkins Hospital

D. B. 1269-9

12664

HEALTH DEPARTMENT—CITY OF BALTIMORE

12664

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Sidewalk in front of

TY OF BALTIMORE: (No. 1301 N Charles St. St., 17 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Richard Williams

(a) Residence: No. 1341 Park Rd. N.W. Wash. D.C. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary D. Williams

DATE OF BIRTH (month, day, year) May 30, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50	11	15	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Burglar Insurance Salesman

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year) 5/14/35

11. Total time (years) spent in this occupation 6

BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. Maloney

(Address) 1341 Park Rd. N.W. Wash DC

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cemetery Co 5/19/35

UNDERTAKER Wm. T. Thompson

(Address) 1311 Washington DC

FILED MAY 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	5/15/35
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, ~~suicide~~ or ~~homicide~~: Accident Date of injury 5/15, 1935

Where did injury occur? 1301 N Chas. St. on Street

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Probably fell on sidewalk

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edwin B. Wallace M. D.

(Address) 1031 St Paul St

D. P. 1268-9

✓ F 12665

12665 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Hospital St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Reed

(a) Residence: No. 1139 W. Hamburg st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ellen Reed

DATE OF BIRTH (month, day, year) Oct. 25, 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	69	6	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME James Reed

14. BIRTHPLACE (city or town) (State or country) Delaware

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 17 1935

19. UNDERTAKER Jewell & Sons
(Address) 2220 Pennsylvania Ave

19 Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to May 14 1935
I last saw him alive on May 14 1935 Death is said to have occurred on the date stated above, at 3:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) M. W. Jacobson M. D.
(Address) Baltimore City Hospital

B. P. 1268-9

F 12666 (FASANO) ✓ F 12666

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth 25 yrs. mos. ds.

2. FULL NAME Joe Fasano

(a) Residence: No. 200 S. Ethan Haven St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Concetta

DATE OF BIRTH (month, day, year) 1/14/1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	51	3	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

13. NAME Segovia Fasano.

14. BIRTHPLACE (city or town) (State or country) Italy.

15. MAIDEN NAME Fannie Pastorino.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place SACRED HEART of MARY Cem. Date May-18 1935

19. UNDERTAKER Frank Tellor Rose
(Address) 52 N. Morley St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7. 1935 to 5/15 1935

I last saw him alive on 5/15 1935 Death is said to have occurred on the date stated above, at 12:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	14 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. P. H. 109-9 F 12667 ✓ F 12667

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4307 Liberty Heights Ave 28 Ward)

Length of residence in city or town where death occurred 58 yrs. 5 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank P. Fairbank

(a) Residence: No. 4307 Liberty Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Helen G. Fairbank

DATE OF BIRTH (month, day, year) Nov 24 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	58	5	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window Shades

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Francis M. Fairbank

14. BIRTHPLACE (city or town) (State or country) St. Michaels Md.

15. MAIDEN NAME Sophia Perrigo

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Helen G. Fairbank
(Address) 4307 Liberty Heights Ave

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date May 18 19 35

UNDERTAKER Henry Armsworth & Son
(Address) 4204 Ridgewood Ave.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9 1935 to May 16 1935

I last saw him alive on May 16 1935 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 5/7/35

Other contributory causes of importance:

Cardiac Paralysis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) By W. J. Reap, Jr. M. D.
(Address) Gorsuch & Bourne

D. B 1268-9

Grav 10.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12668

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. found floating in harbor Fort ... St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Knaupf

(a) Residence: No. Retail Oyster Wharf St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	no history

If married, widowed, or divorced
HUSBAND of
(or) WIFE of X

6. DATE OF BIRTH (month, day, year) no history

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
About	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Oyster wharf

10. Date deceased last worked at this occupation (month and year) Dec 2 35

11. Total time (years) spent in this occupation ... years

12. BIRTHPLACE (city or town) (State or country) no history

13. NAME no history unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date May 11 1935

19. UNDERTAKER
(Address) Huntington Pittsburgh, Pa.

FILED MAY 13 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) print May 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above at found 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Accidental drowning	

Other contributory causes of importance: no history

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide or homicide? Probable Accident Date of injury no history

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place found in harbor off retail Oyster wharf.

Manner of injury drowning

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. M. Wright Coroner M. D.

(Address) 1010 S. Wood Ave.

D. B. 1268-9

F 12669

12669

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Kelly

(a) Residence: No. 3 S. Frederick st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 6, 1910

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	24	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME William Kelly

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Sarah Lawrence

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date May 16 19 35

19. UNDERTAKER
(Address)

20. FILED MAY 17 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 9 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to May 9 1935

I last saw him alive on May 9 1935 Death is said to have occurred on the date stated above, at 4:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospital

D. P. 5268-9

12670 ✓ F 12670

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1702 N. Caroline St., 9 Ward)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA M. NELSON

(a) Residence: No. 1702 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alexander Nelson

DATE OF BIRTH (month, day, year) June 12, 1839

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95	11	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss Mary K. Nelson
(Address) 1702 N. Caroline St.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cemetery Date May 17, 1935

19. UNDERTAKER Chas. H. Grave & Son
(Address) 115 W. Mt. Royal Ave

20. FILED 5-18-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 15, 1935

I last saw him alive on May 13, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of heart	May 15
Other contributory causes of importance: Chronic Myocarditis	May 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John L Sanderson M. D.

(Address) 1714 N Caroline St

D. B. F 12671 ✓ F 12671

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 10 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William L. Martin

(a) Residence: No. 1117 Forrest St., Ward. St Michaels
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mercedes Moran

6. DATE OF BIRTH (month, day, year) June 16 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	10 11	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Transfer Co.

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

13. NAME Wm C Martin

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mercedes M. Martin

(Address) 1117 Forrest St.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Richmond Va Date May 17 1935

19. UNDERTAKER Chas F. Grove & Son

(Address) 1111 E. Baltimore St

19. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 15, 1935

I last saw him alive on May 15, 1935 Death is said to have occurred on the date stated above, at 12:20 AM.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure — Date of onset 5/14/35

Other contributory causes of importance:

Rheumatic Endocarditis
Dental Caries as foci of infection

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ? If so, specify ?

(Signed) Wm C Martin M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

D. B. 1268-9

✓ F 12672

2672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

123

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2330 Calverton Heights Ave 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Howard Henze

(a) Residence: No. 2330 Calverton Heights Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Charles A. Henze

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Emma P. Key

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Viola H. Yeager
(Address) 2330 Calverton Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 17, 35
Undertaker John A. Mitchell & Sons
(Address) 1900 Eutaw Place

19. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apl 1. 1935 to May 14 1935

I last saw him alive on May 14 1935. Death is said to have occurred on the date stated above, at 10 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into brain	10 hrs
Cause not ascertained.	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Harry McCarty M. D.
(Address) 37 W. Preston St.

D. B. 1268-9

✓ E 12673

2673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

74

Registered No.

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. 31 S Fulton Ave St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Atlanta Krauch

(a) Residence: No. 317 S Fulton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-12-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		3 4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Arthur Krauch

14. BIRTHPLACE (city or town) (State or country) Balto Germany

15. MAIDEN NAME Florence Krauch

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Arthur Krauch
(Address) 317 S Fulton Ave

BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem 5/16 1935

UNDERTAKER Lange & Farley
(Address) Fulton & Fayette

FILED 6 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-12-35, 19 , to 5-16 , 1935.

I last saw her alive on 5-14-35 at 10 A.M., 19 35. Death is said to have occurred on the date stated above, at 1 05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelitis Dilation	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. H. Mantz M. D.

(Address) Bon Secours Hospital

B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12674

12674

CERTIFICATE OF DEATH

56

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph Hospital St., 27 Ward)

gth of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Josephine Morton

(a) Residence: No. 5-914 Market Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/3/17

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	17	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince George Co Md

13. NAME Edward B Morton

14. BIRTHPLACE (city or town) (State or country) U. S. A.

15. MAIDEN NAME Bettie Hodges

16. BIRTHPLACE (city or town) (State or country) Prince George Co Md

INFORMANT Miss Smith

(Address) 415 Cathedral St

BURIAL, CREMATION, OR REMOVAL

Interment Date 5/17, 1935

UNDERTAKER Thos F Kane & Sons

(Address) 3 W Saratoga St

FILED 5/16/1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis Auricular Fibrillation	6 months

Other contributory causes of importance:

Heart Failure	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

..... If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave

D. B. 1268-9

12675 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12675

CERTIFICATE OF DEATH

59

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2100 South Road Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth 45 yrs. mos. ds.

FULL NAME Dora Bachrach Fink

(a) Residence: No. 2100 South Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Israel Fink

DATE OF BIRTH (month, day, year) Aug. 10, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Moscow Russia

13. NAME Judah Bachrach

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rebecca Sokolow

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. A. J. Fink

(Address) 2100 South Rd.

BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Cem. Date May 17, 1935

UNDERTAKER David Sondheim & Son

(Address) 1902 Eutaw Place

FILED 5-16-1935 Hennighan Williams Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1913, to May 15, 1935.

I last saw her alive on May 14, 1935. Death is said to have occurred on the date stated above, at 10 (?) A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	April 15, 1935
Myocarditis (Cardiac dilatation)	April 15, 1935
Other contributory causes of importance:	
Diabetes Mellitus	1911
Angina pectoris	1926
Arteriosclerosis (Generalized)	1926

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

D. P. 1268-9

E 12676

12676

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Baltimore - Md St. [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Celia Kenig

(a) Residence: No. 400 Mt Holly St., Ward. St James.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Michael King husband

DATE OF BIRTH (month, day, year) May 1, 1882

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 80

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

Patrick Thomas Sheridan Ireland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Patterson

16. BIRTHPLACE (city or town) (State or country) Irelands

17. INFORMANT Michael King (Address) 400 Mt. Holly St.

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem Date May 17, 1935

19. UNDERTAKER Margaret A. Flynn (Address) 207 N Milton Ave Baltimore Md.

20. FILED [illegible] Registrar.

E 1935 # 1[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1935 to 5-14, 1935

I last saw h[illegible] alive on 5-14, 1935. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary infarction due to embolism post operatively	
Cancer of right breast	

Other contributory causes of importance:

Metastatic lesion of [illegible] Mastectomy right breast 1 year ago by Embolism Pulmonary infarction

Name of operation Mastectomy Date of 5-2-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury may, 19...

Where did injury occur? [illegible] (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) James Kemp, M. D.

(Address) St Agnes Hosp.

D. H. 1268-9

12677

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 12677

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH (a) Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 70 ..... Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Rose Mary O'Hara

(a) Residence: No. 2500 W Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Female	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 11, 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Thos. J. O'Hara

14. BIRTHPLACE (city or town) (State or country) Balto., Md

15. MAIDEN NAME Helen Erdman

16. BIRTHPLACE (city or town) (State or country) Balto., Md.

17. INFORMANT Thos. O'Hara (Father)

(Address) 2500 W. Balto., St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date May 18 1935

19. UNDERTAKER Margaret E. Flynn

(Address) 2107 W. Hilton St.

20. FILED ..... 19..

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1935 to 5-15-1935

I last saw her alive on 5/15 1935 Death is said to have occurred on the date stated above, at 10:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus Septicemia	5/13.

Other contributory causes of importance: 0000

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Daniel L. Shanahan M. D.

(Address) Mercy Hospital

F 12678

F 12678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Lightfoot

(a) Residence: No. 55-5 Washington St., Ave. Ward. Wash. Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Jerry

DATE OF BIRTH (month, day, year) 10/21/76

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Sylvester Fleshman

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary Hoffpeyer

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Ol. Date 5/18/35

19. UNDERTAKER Martin W. Hyson

(Address) Washington D.C.

20. FILED 19 Registrar.

MAY 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 25 1935 to May 16 1935

I last saw her alive on May 16 1935 Death is said to have occurred on the date stated above, at 5:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rectovaginal Fistula	4-25-28
Emphysema	
Other contributory causes of importance: Bronchopneumonia, Hernia ?	12-1-34

Name of operation Repair of Rectovaginal Fistula Date of 4-24-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Gregg M. D.

(Address) Johns Hopkins Hosp.

D. B. 1268-9

F 12679

Tyson

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12679

CERTIFICATE OF DEATH

X V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Tyson

(a) Residence: No. Towsontown Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) July 18 1909.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Puncher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Button Factory

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Towson Md

13. NAME OF FATHER Herman Tyson

14. BIRTHPLACE (city or town) (State or country) Ohio

15. MAIDEN NAME OF MOTHER Ellen Holcomb

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Ellen Tyson

(Address) Towsontown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Towsontown Md Date May 19 1935

19. UNDERTAKER Virgil Moore

(Address) Towson Md

20. FILED May 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-7-35 to 5-16-35

I last saw him alive on 5-16-35 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset 1927
Tuberculosis Meningitis — 3-4 mos ago.

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) W. H. Fearon M. D.

(Address) University Hospital

8-16-29—L. F. S.—100 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12680

12680

CERTIFICATE OF DEATH

N 92-a

REGISTERED NO.

1—PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3407 Taney Rd ST., 27 (WARD)

2—FULL NAME Annie Jackson

(a) RESIDENCE NO. 3407 Taney Rd ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 5 mos. 27 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): widow

If married, widowed, or divorced HUSBAND of (or) WIFE of: Wm R Jackson

DATE OF BIRTH (month, day, and year): Nov. 18-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	27	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: at home retired

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Baltimore Md

10 NAME OF FATHER: Robert McGee

11 BIRTHPLACE OF FATHER (city or town) (State or country): Ireland

12 MAIDEN NAME OF MOTHER: Annie Hanrahan

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Ireland

Informant: Wm I. Jackson

(Address): Norfolk Va

Filed May 17 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 15. 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 10, 1934 to May 15, 1935

that I last saw h[illegible] alive on May 15, 1935

and that death occurred, on the date stated above, at 11.15 A. m.

The CAUSE OF DEATH* was as follows:

Mitral Insufficiency ?

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Dropsy (duration) yrs. 6 mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? — Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) John A Bubert, M. D.

, 19 (Address) 4803 Park Heights Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park — DATE OF BURIAL: May 18 1935

20 UNDERTAKER: Chas E. Franch — ADDRESS: 802 Madison Av

F 12681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12681

CERTIFICATE OF DEATH.

V 107-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1034 N. Gay ST. 7 WARD)

2. FULL NAME Charles Leslie Keen

(a) RESIDENCE NO 1034 N. Gay ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

6 If married, widowed, or divorced
HUSBAND of (or WIFE of) Martha Keen

DATE OF BIRTH (month, day, and year) July 25-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	70	4 9	16 21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant p 45

(b) General nature of industry, business, or establishment in which employed (or employer) Butter + Eggs.

(c) Name of employer Self

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER Jesse W. Keen

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER not known

13 BIRTHPLACE OF MOTHER (city or town) (State or country) not known

Informant Martha Keen

(Address) 1034 N. Gay.

Filed ... 19 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/16/35

17

I HEREBY CERTIFY, That I attended deceased from 5/8, 1935, to 5/16, 1935

that I last saw him alive on 5/16, 1935

and that death occurred, on the date stated above, at 8 10 P. m.

The CAUSE OF DEATH* was as follows:

Hypertrophic Arthritis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Bronchial Pneumonia

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) Dwight Sittman, M. D.

19 (Address) 1304 E. Chase

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Carmel Cem.

DATE OF BURIAL May 20 1935

20 UNDERTAKER Henry Lutz

ADDRESS 1203 N. Broadway

B 1268-9

12682 HEALTH DEPARTMENT—CITY OF BALTIMORE E 12682

CERTIFICATE OF DEATH

93-e

PLACE OF DEATH

CITY OF BALTIMORE: (No. Dispensary St. Josephs Hospital St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William H. Harkins

(a) Residence: No. Stemmers Run, Maryland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Harkins

DATE OF BIRTH (month, day, year) Not Known

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Wisconsin

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs. James Peffer

(Address) 907 N. St. Spanish Point, Md.

BURIAL, CREMATION, OR REMOVAL

Place Johns Hopkins Hosp. Date 5/17, 1935

UNDERTAKER John F. Connelly

(Address) Essex Md.

FILED May 18 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Heart Failure

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

B 1268-9

12683 HEALTH DEPARTMENT--CITY OF BALTIMORE E 12683

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Argyle Ave Ward) 7

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Helen Marie White

(a) Residence: No. 1015 Argyle Ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	C	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 20 1934

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Frances White

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mamie Davis

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Helen Brown

(Address) 1015 Argyle Ave

BURIAL, CREMATION, OR REMOVAL

Place Mount Eden Date May 19 1936

UNDERTAKER Jos A Lively

(Address) 1419 N Mount Street

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-15 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1935 to 5-15 1935

I last saw her alive on 5-15 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	May 10 1935
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Hektoen Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 507 Augusta

F 12684

F 12684

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No.) St., 13 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Leola Mason

(a) Residence: No. 3363 Beech Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Edward

DATE OF BIRTH (month, day, year) Jan. 25, 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	3	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 1037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

13. NAME George Shipley Md -

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Amanda Rusty Md.

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Reuss -
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 20 35

UNDERTAKER Richard Fuller Inc.
(Address) 706 E. Baltimore St

FILED MAY 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 24, 1935 to May 16, 1935

I last saw her alive on May 16, 1935. Death is said to have occurred on the date stated above, at 11:45 a m

The principal cause of death and related causes of importance were as follows:

Post operative Peritonitis — Date of onset 5-12-35

Other contributory causes of importance:

Carcinoma - Ascending colon 1-15-35

Name of operation Resection of Ascending Colon Date of 5-10-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) Johns Hopkins Hosp.

D. [illegible] 12685 F 12685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

90

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George S Chmidtmann

(a) Residence: No. 1355 Ponca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Anna

6. DATE OF BIRTH (month, day, year) 7/23/89.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hucksters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 4045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Jacob

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Sophie Biel

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date May 17, 1935

19. UNDERTAKER HENRY SANDER & SONS. INC. Henry F. Sander.

(Address) Baltimore & Broadway.

20. FILED [illegible] Registrar.

MAY 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/15, 1935 to 5/14, 1935

I last saw him alive on 5/14, 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericarditis & effusion	6 mo.
Cause undetermined	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. B. F 12686 F 12686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Holmes

(a) Residence: No. 1204 ½ James St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug 14, [illegible]

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74.	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Johns Holmes

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Alice Brice.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records Bath.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date 5-17-, 1935

19. UNDERTAKER Byron & Gorsuch J. Knight
(Address) 1218 Pac & Lexington St.

20. FILED MAY 17 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 5/14, 1935

I last saw him alive on 5/14, 1935. Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in, also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

F 12687

F 12687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1419 W. Fayette Street St., 19 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

Life

FULL NAME Carrie Gloriso

(a) Residence: No. 1419 W. Fayette Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 24, 1928.

AGE	Years	Months	Days	If LESS than 1 day, hours or min.
	7	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Salvatore Gloriso

14. BIRTHPLACE (city or town) Italy
(State or country)

15. MAIDEN NAME Kate Brocato

16. BIRTHPLACE (city or town) Italy
(State or country)

INFORMANT Salvatore Gloriso
(Address) 1419 W. Fayette Street

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem Date May 18, 1935

UNDERTAKER [illegible]
(Address) [illegible]

FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1934 to May 16, 1935
I last saw her alive on May 16, 1935 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Heart Disease	June 1934
Other contributory causes of importance:	
Cardiac Hypertrophy	
Cardiac Dilatation	

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Vincent M. Mercuro, M. D.

(Address) 1411 S. Charles St.

B 1268-9

F 12688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12688

CERTIFICATE OF DEATH

115-a

PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15-b Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Bensky

(a) Residence: No. 1702 Wakeland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) March 11-1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto., Md.

13. NAME Louis Bensky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Louis Bensky (Father)
(Address) 1702 Wakeland St.,

BURIAL, CREMATION, OR REMOVAL
Place Hebrew Mt. Carmel Date 5-17- 1935

UNDERTAKER Jack Levin Inc.
(Address) 1431 E. Balt. St.

FILED 19

17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococci Pharyngitis	?
Streptococci Empyetis	

Other contributory causes of importance:
Odema of Larynx with asphyxia.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

F 12689

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12689

CERTIFICATE OF DEATH ✓ 50

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1324 N. Washington St., 9 Ward)

Length of residence in city or town where death occurred 23 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaretha ~~Nichols~~ Smith

(a) Residence: No. 1324 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female.	White.	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Hugh ~~Nichols~~ Smith.

7. DATE OF BIRTH (month, day, year) Oct 22 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59.	6.	23.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Preston Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Preston Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Preston Md

17. INFORMANT Mary Foran
(Address) 1324 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place St Louis Cem Date May 17, 1935

19. UNDERTAKER Wendell Hippen
(Address) 1405 E. Monument St.

20. FILED May 15, 1935
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 30, 1935 to May 14, 1935

I last saw h[illegible] alive on May 13, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Breast	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) S. Peterson M. D.

(Address) 1302 N Patterson Park Ave

D. B. 1268-9

F 12690

12690 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

ITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

ength of residence in city or town where death occurred 33 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank West

(a) Residence: No. 1030 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1855.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. ok

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ok

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Father.

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date May 17, 19 35

19. UNDERTAKER
(Address)

20. FILED Registrar's Office, [illegible]

1835

138 6 NH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/13, 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 19 35 to 5/13, 19 35

I last saw h. alive on 5/13, 19 35 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	30 min
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Rahsa A Reitz, M. D.

(Address) Balto City Hosp.

D. F. 1268-9

F 12691

12691 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

115-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hos 15 Ward)

Length of residence in city or town where death occurred 2 yrs. 9 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jonna Audrey Griffith

(a) Residence: No. 2803 N. London Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 18, 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	9	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Samuel T. Griffith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Eleanor A. Hopkins

16. BIRTHPLACE (city or town) (State or country) South Dakota

17. INFORMANT Mr. David T. Griffith

(Address) 2803 London Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date May 18, 1935

19. UNDERTAKER Lowe Pickup & Sons

(Address) North & Pulaski.

20. FILED May 18, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to May 16, 1935

I last saw her alive on May 16, 1935. Death is said to have occurred on the date stated above, at 10:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus meningitis	5-15-35

Other contributory causes of importance:

otitis media, acute, left	5-14-35
acute tonsillitis	5-11-35

Name of operation Date of

What test confirmed diagnosis lumbar puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard J. Warner M. D.

(Address) 2604 Garrison Blvd.

F 12692

D. P. 1268-9

9014

HEALTH DEPARTMENT—CITY OF BALTIMORE

9012692

CERTIFICATE OF DEATH

X V 25

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL St., 7 Ward)

CITY OF BALTIMORE. (No.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bessie Ballard

(a) Residence: No. Pocomoke City St., Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/3/32

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2 1/2	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Alex Ballard

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Md
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Pocomoke Md Date May 20 1935

19. UNDERTAKER James R. Stewart
(Address) Pocomoke City Md

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to May 14 1935

I last saw h[illegible] alive on May 14 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Interstitial pneumonitis — Date of onset 4 wks

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Stiffler Jr. M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

Stachow F 12693

2693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital Registered No.

CITY OF BALTIMORE: (No. St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME (Nikolaj) Nick Stachow

(a) Residence: No. 1511 Gough St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marcella Stachow

DATE OF BIRTH (month, day, year) Feb 12 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	9	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) " 11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Pete Stachow

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Mazurkiewicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Stanislaus Date May 18. 1935

19. UNDERTAKER John M Weber
(Address) 401 S. Charles St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 1935 to May 15 1935

I last saw him alive on May 15 1935 at 7:35 P.M. Death is said to have occurred on the date stated above, at

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis & Stomach & Metastases	Unknown
Contributory causes of importance: Broncho-pneumonia	5/13/35

Operation: Name of operation Exploratory laparotomy Date of 5/15/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H Gordon M. D.
(Address) Balto City Hospital

D. B. 1268-9

F 12694

12694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4000 Windsor Mill Road St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Priscilla A. Gaither

(a) Residence: No. 4000 Windsor Mill Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Ross F. Gaither

6. DATE OF BIRTH (month, day, year) November 2, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Sharpsville
(State or country) Pennsylvania

13. NAME John Titus

14. BIRTHPLACE (city or town) Sharpsville
(State or country) Pennsylvania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town)
(State or country) Pennsylvania

INFORMANT Mr. Earle R. Gaither
(Address) 4000 Windsor Mill Road

17. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date May 18 1935

UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

FILED Harlington Wilson Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1935

22. I HEREBY CERTIFY, That I attended / deceased from May 4 / 35 to May 15/35

I last saw her alive on May 15 1935. Death is said to have occurred on the date stated above, at 1.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage & paralysis	May 4/35
Other contributory causes of importance: Arterio-sclerosis	about 1928

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hallie Dunbar M. D.

(Address) 2220 Garrison Blvd.

B 1265-9

(Johnson)

12695

HEALTH DEPARTMENT—CITY OF BALTIMORE

12695

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balt. City Hospitals St., 17 Ward)

th of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sheldon Johnson

(a) Residence: No. 1152 Shields Place St., d. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of none

ATE OF BIRTH (month, day, year) May 11 1907

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	—	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house painting

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "odd jobs" 6050

8. Date deceased last worked at this occupation (month and year) May 15 35

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Balto Md

9. NAME Charles Johnson

10. BIRTHPLACE (city or town) (State or country) Balto Md

11. MAIDEN NAME Lillian Ringgold

12. BIRTHPLACE (city or town) (State or country) Balto Md.

NFORMANT Rosa Morgan (aunt)

(Address) 1152 Shields Place

BURIAL, CREMATION, OR REMOVAL

Place Mt. Lion Date May 18, 1935

NDERTAKER Mrs Katie R Williams

(Address) 222 N. Schroeder st.

LED 7-1935 Hawkins Funeral Home

$ 50 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15th 1935

22. I HEREBY CERTIFY, That I attended deceased from ~~May 10~~, 19..., to May 15, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral haemorhage	10 hrs

Other contributory causes of importance:

no history

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) H. M. Wright, M. D. Coroner

(Address) 1014 S. Edmond Ave

B 1268-0

F 12696

12696 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 19

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward)

Length of residence in city or town where death occurred 39 yrs. 11 mos. 17 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Talmadge T.D. Willis.(C)

(a) Residence: No. 1616 W. Mulberry St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Colored	Divorced

If ~~SINGLE, MARRIED, WIDOWED, or DIVORCED~~ HUSBAND of ~~WIFE OF~~ Gladys Willis.(C)

6. DATE OF BIRTH (month, day, year) May 28, 1895

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Connor L. Willis.(C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Ida M. Tilghman.(C)

16. BIRTHPLACE (city or town) (State or country) Frederick, Md.

INFORMANT Veta Washington.(sister)

(Address) 1616 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 20, 1935

UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11.50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	
Right Hemiplegia.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Otto A. Reinhardt M. D. Coroner

5/16/35 (Address) 1017 E. Charles St.

D. P. 1268-9

F 12697

12697

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2403 Laurette Ave. St. 20 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cornelia A. Murray,

(a) Residence: No. 2403 Laurette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John R. Murray.

DATE OF BIRTH (month, day, year) January 19. 1851

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

8. BIRTHPLACE (city or town) (State or country) Mathews Co. Va.

13. NAME John Hill Digges,

14. BIRTHPLACE (city or town) (State or country) Mathews Co. Va.

15. MAIDEN NAME Mary Cole,

16. BIRTHPLACE (city or town) (State or country) Mathews Co. Va.

INFORMANT Charles E Roland

(Address) 2403 Laurette Ave.

17. BURIAL, CREMATION, REMOVAL Paran Post Off MAY 21 1935

Place Mathews Co. Va. Date 19

18. UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave.

FILED ..... 19 ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 16 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29. 1934 to May 16. 1935

I last saw her alive on May 15 1935 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis — Date of onset 5/10/34
Nephritis — 1934

Other contributory causes of importance:

Arteriosclerosis — Unknown
Aortic Regurgitation

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) M. A. O'Neill, M. D.

(Address) 108 N. Fulton Ave

1-20—M. & T.—250 Blks.

F 12698

2698

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1328 Greenmount (ST.) Spalding 12 (WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ernest ~~Stanton~~ Mc Elroy

(a) RESIDENCE NO. York Rd & Eighth Ave ST. Towson WARD Maryland.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ~~69~~ yrs. 7 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced. (Write the word)
Male	White	~~Single~~ Widowed

If married, widowed, ~~or divorced~~ HUSBAND of ~~or~~ WIFE of Kate S. McElroy

DATE OF BIRTH (month, day, and year) October 9-1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	8	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Lawyer. 0042

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Balto. Md.

10 NAME OF FATHER James W. McElroy

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Mary Catherine Bowen

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Mr. James W. McElroy

(Address) 5310 N. Charles Way-Homeland

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17-1935.

17 I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to May 17, 1935, that I last saw ~~him~~ alive on May 17, 1935, and that death occurred, on the date stated above, at 12:15A m.

The CAUSE OF DEATH* was as follows:

Acute dilatation of the heart

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) Myocarditis.

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Findings

(Signed) J. H. McElroy M. D.

, 19 (Address) 1119 Greenmount Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Cathedral Cemetery

DATE OF BURIAL May 18 1935

20 UNDERTAKER Henry W. Meamson

ADDRESS 805 N. Calvert St.

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12699

2699

CERTIFICATE OF DEATH

172-a

Registered No. .....

1. PLACE OF DEATH Church Home and Infirmary (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. James Moore Rogers.

(a) Residence: No. 3109 Clearview Ave., E. Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary A. Rogers

6. DATE OF BIRTH (month, day, year) June 22, 1846

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) 1923 | 11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Springfield Ill

13. NAME Herbert C. Rogers

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Baltimore

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT John H. Rogers Son

(Address) 3109 Clearview Ave

BURIAL, CREMATION, OR REMOVAL Date 5/21 1935

Place Fairmount

UNDERTAKER J. H. Cooke & Son

(Address) 1211 E. Fayette St

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 19... to May 16, 1935 19... Death is said to have occurred on the date stated above, at 11:30 p.m.

I last saw him alive on May 16, 1935

The principal cause of death and related causes of importance were as follows:

Lymphatic Leukemia - Chronic — Date of onset Unknown

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hugh C. Regester ..... M. D.

(Address) Church Home & Infirmary

D. B. 1268-9

F 12700

700

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH St. Agnes Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton & Wilkens Ave. Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Catherine Handle

(a) Residence: No. 2661 Wilkens Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) May 24 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Andrew Handel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mary Ellerbrock

(Address) 1320 Homeland St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 5/18 19 35

19. UNDERTAKER William Doocy

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar.

ALW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1935 to 5/15 1935

I last saw her alive on 5/15 1935 Death is said to have occurred on the date stated above, at 11:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension & arteriosclerotic heart disease	?
2. Cerebral hemorrhage	5/10
Other contributory causes of importance: Pulmonary edema (terminal)	5/15

Name of operation — Date of —

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Simon I Kemp M. D.

(Address) St Agnes Hosp.

B. 1268-9

2701 F 12701

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 133

Registered No. .....

PLACE OF DEATH ST. JOSEPH'S HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. BALTIMORE, MD. St., 9 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 7 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Etta Geier

(a) Residence: No. Dundalk, Md St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
fmale	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 26 - 1918

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	8	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Shop Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Attoville Ohio
(State or country)

13. NAME William Geier

14. BIRTHPLACE (city or town) Attoville Ohio
(State or country)

15. MAIDEN NAME Anna Kroger

16. BIRTHPLACE (city or town) Delphos Ohio
(State or country)

INFORMANT Mrs. Wagner

(Address) # 5 Stripping Place Dundalk

BURIAL, CREMATION, OR REMOVAL

Place Delphos Ohio Date May 20, 1935

UNDERTAKER John J. Connelly

(Address) Essex Md.

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to May 17, 1935

I last saw her alive on May 17, 1935 Death is said to have occurred on the date stated above, at 3:40 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Endometriosis	
2. Intestinal adhesions	
3. Appendicitis - left.	
4. Peritonitis - (post-operative)	
Other contributory causes of importance:	
1. Terminal pneumonia (hypostatic)	

Name of operation Pelvic laparotomy Date of 5-13-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Wm. Russell Lee, M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

D. P. 1265-9

F 12702

702 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2319 Jefferson St., 6 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles King

(a) Residence: No. 2319 Jefferson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

(If married, widowed or divorced) HUSBAND of (or) WIFE of Johanna King

DATE OF BIRTH (month, day, year) Jan. 9-1842

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
93	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME King

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dorothea Whitley

(Address) 2319 Jefferson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Trinity Cem. Date Mar. 29 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 2334 Jefferson St.

FILED 1935 Reg. of Par.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935 to May 16, 1935

I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis (a) 106	Days
Lobar Pneumonia (b) 107	
Other contributory causes of importance: Hypostatic Pneumonia 93	
Acute Cardiac Retardation 95	

Name of operation — Date of —

What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. L. Kepp M. D.

(Address) 136 N. Milton Ave.

D 12703 Dunleavy ✓ F 12703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 617 Mt Holly St, 16 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard J. Dunleavy

(a) Residence: No. 617 Mt. Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan A. Dunleavy

6. DATE OF BIRTH (month, day, year): March 17, 1868 born A.D. 1868

7. AGE: Years 67 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME OF FATHER: Henry Dunleavy

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Ann Tynan

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Bridget A. Dunleavy

(Address) 617 Mt Holly St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 17, 1935

19. UNDERTAKER: J. H. Triplett & Son

(Address) 2200 Eutaw Place

20. FILED May 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15th, 1935 to May 16th, 1935 I last saw him alive on May 15, 1935. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5/1/35

Other contributory causes of importance:

arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac A. Knepp M. D.

(Address) 3630 Edmondson

F 12704

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Home 5604 Gorsuch Ave
CITY OF BALTIMORE: (No.) St., 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Augusta Niebuhr
(a) Residence: No. 5604 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of Henry Niebuhr

DATE OF BIRTH (month, day, year) July 1 1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	10	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Henry Grant
14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ~~Mathilda~~ Faughlow
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena W Lutz (Daughter)
(Address) 5604 Gorsuch Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Mem'l Pk Date 5/18/35 19

19. UNDERTAKER Wilhelm (Clark) & Son
(Address) 1219 St Paul St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from January 27 1935 to May 16th 1935
I last saw her alive on May 16th 1935 Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows: | Date of onset

Arteriosclerosis

Other contributory causes of importance:

Chronic Myocarditis
Senility

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Eldred Roberts M. D.
(Address) 6010 York Road

F 12705 ✓ F 12705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3420 Garrison Blvd) (5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Ida V. Potter

(a) Residence: No. 3420 Garrison Blvd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (w) WIFE of Roy C. Potter

DATE OF BIRTH (month, day, year) Nov 23rd 1875

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	5	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0037

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Thomas D. Davis

14. BIRTHPLACE (city or town) (State or country) Raleigh N.C.

15. MAIDEN NAME Anna Holmes

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Ida M. Artman

(Address) 3420 Garrison Blvd

BURIAL, CREMATION, OR REMOVAL

Place Western Date May 18th 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St.

FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30 1935 to May 16 1935

I last saw h alive on May 16 1935 Death is said to have occurred on the date stated above, at 6:20 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset May 5 1935

Other contributory causes of importance: Cirrhosis - Sclerosis & Hypertension — ?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wissig M. D.

(Address) 4000 Edmondson Ave

D. B. 1268-9

F 12706

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12706

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1135 Battery Av St. 24 Ward)

If not in city or town where death occurred, how long in that place ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 44 yrs. ..... mos. ..... ds.

2. FULL NAME Gerhardt Kormann

(a) Residence: No. 1135 Battery ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Bertha Kormann.

DATE OF BIRTH (month, day, year) 7-26-1854

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	9	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant 20th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired since

10. Date deceased last worked at this occupation (month, year) 1917

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Herman Kormann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Kormann

(Address) 1135 Battery ave

18. BURIAL, CREMATION, OR REMOVAL Date 5/18/35

Holy Cross

19. UNDERTAKER Edmund C Foard

(Address) 121 E 31st St

20. FILED 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935 to May 16, 1935

I last saw him alive on May 15, 1935 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	several years
Cerebral Hemorrhage	3/20/35
Other contributory causes of importance:	
Uraemia	1 week

Name of operation not any Date of —

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓ 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

no If so, state how

(Signed) W. Leyton, M. D.

(Address) 301 East Cross St.

D. B. 1207 F 12707 V E 12707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

H6-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 712. S. Ponca. St., 76 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vasiliki N. Tsoukala.

(a) Residence: No. 712 S. Ponca. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Nicholas Tsoukala

DATE OF BIRTH (month, day, year) Jan. 1st 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Greece.

13. NAME James. Stefini

14. BIRTHPLACE (city or town) (State or country) Greece.

15. MAIDEN NAME Zafra. ?

16. BIRTHPLACE (city or town) (State or country) Greece.

INFORMANT Sus. Mesologites.

(Address) 712. S. Ponca St.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Cem. Date May. 18th 1935

UNDERTAKER Bernard E Hartt.

(Address) 1000 S. Paca. St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 16th. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19 34 to May 16th 19 35

I last saw h[illegible] alive on May 16th 19 35 Death is said to have occurred on the date stated above, at 5-30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 yr.
Chronic Degenerative Myocarditis	1 yrs.
Chronic Nephritis	1 yr.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 606 Eastern Ave

D. B. F 12708 ✓ F 12708

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3141 Kenyon Avenue St. 26 Ward)

Length of residence in city or town where death occurred, 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louisa J. Rayeot

(a) Residence: No. 3141 Kenyon Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry A. Rayeot Sr

DATE OF BIRTH (month, day, year) Sept 21 1854

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	7	2021	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore County Md

13. NAME Fred Krug

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Kuehnen

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs Lester J Rayeot

(Address) 3141 Kenyon Avenue

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date 5-20, 1930

UNDERTAKER Albert J Metz Jr

(Address) 1216 Chester Street

FILED ..., 1930 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1930

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1930 to May 17, 1930

I last saw her alive on May 16, 1930 Death is said to have occurred on the date stated above, at 6 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	3 yrs
Chronic Nephritis	3 yrs

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

20. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D S Lloyd M. D.

(Address) 2232 Eutaw Pl

D. [illegible] F 12709

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12709

23

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Mae Young

(a) Residence: No. 1437 E. Fayette st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Preston Young

DATE OF BIRTH (month, day, year) Dec. 21, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	24	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Norman Chemical Co.

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Charles Carter

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Frankie Alston

16. BIRTHPLACE (city or town) (State or country) North Carolina

INFORMANT Hospital Records
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Littleton N.C. Date May 18 1935

18. UNDERTAKER Edw Bryan
(Address) 1636 Orleans st

19. FILED [illegible] 19[illegible] [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1, 1935, to May 16, 1935

I last saw her alive on May 16, 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Major W. Jacobson M. D.
(Address) Baltimore City Hospital

F 12710 ✓ F 12710

9917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Cooper

(a) Residence: No. 120 Prague Ct St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 5-4-78

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
57		12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Nemiah Cooper

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Harriet Briscoe

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Oakland cemetery Date May 20 1935

19. UNDERTAKER Edw Bryan
(Address) 1681 Orleans st

20. FILED ..... 19..

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to May 16, 1935

I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 530A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension and Arteriosclerosis	2 July 1934
Hypertensive heart disease	" "
Myocardial insufficiency (Acute pulmonary edema).	1 wk (5/9/35)
Chronic vascular nephritis 131A Probably contributory	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

D. H. 1200

F 12711

✓ F 12711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. 325

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hosp.

CITY OF BALTIMORE: (No. 1136 Hackett St. 16 Ward)

Length of residence in city or town where death occurred 25 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Linda Sellman

(a) Residence: No. 1136 Hackett St., 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, (Widowed,) or Divorced (write the word)
Female	Colored	Widow

If married, (widowed) or divorced) HUSBAND of (or) WIFE of Hybert Sellman

DATE OF BIRTH (month, day, year) Mar 3 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	2	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Linda Sellman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Linda Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Ella Hall

(Address) 1136 Hackett

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 18. 35

UNDERTAKER Thos E. Kelson

(Address) 1303 Pennsylvania ave

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby 14 1935 to May 16 1935

I last saw h[illegible] alive on May 15 1935 Death is said to have occurred on the date stated above, at 5:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Senile Debility

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 1126 N. Eutaw

F 12712

F 12712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Serena William Reed

(a) Residence: No. 712 E. Monument St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of not known

DATE OF BIRTH (month, day, year) Dec 15, 1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	4	29	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic

8. Date deceased last worked at this occupation (month and year) not known

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Armistead Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore D.C.

15. MAIDEN NAME Maria Johnson Margaret Johnson

16. BIRTHPLACE (city or town) (State or country) Washington D.C.

INFORMANT Margaret Johnson

(Address) 1503 N. Carey St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date May 19, 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningitis	
uremia	

Other contributory causes of importance:

brain abscess	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) A. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

D. B. 1207 F 12713 ✓ F 12713

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

341

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 Bloom St. 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clarence C Brown

(a) Residence: No. 339 Bloom St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	Married

If married, widowed or divorced, HUSBAND of (or) WIFE of Henrietta Brown

DATE OF BIRTH (month, day, year) Aug 19, 1886

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	8	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph H. Brown

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lydia Mason

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs Henrietta Brown

(Address) 339 Bloom St

18. BURIAL, CREMATION, OR REMOVAL

Place National Date 5/18 19 37

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 17th 1935 to May 16th 1935

I last saw him alive on May 16 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Insufficiency	March 17 35
Other contributory causes of importance:	
Ed Tuberculosis	May 12 35

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. no

(Signed) Geo. H. Lawrence Eagle M. D.

(Address) 2215 N. Monte Ave

D. H. 1268-9

F 12714

HEALTH DEPARTMENT—CITY OF BALTIMORE

12714

CERTIFICATE OF DEATH

X51-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Lane's Ward)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 12 ds. How long in U. S. If of foreign birth? 58 yrs. 5 mos. 27 ds.

2. FULL NAME Samuel Edward Howard

(a) Residence: No. University Hospital St., Ward Sutherville-Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martha M Howard

6. DATE OF BIRTH (month, day, year): Nov-19-1876

7. AGE: Years 58 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Telegraph Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna R R Co.

10. Date deceased last worked at this occupation (month and year): about Dec-1933

11. Total time (years) spent in this occupation: 36 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Co. Maryland

13. NAME: William E Howard

14. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

15. MAIDEN NAME: Anne E Jones

16. BIRTHPLACE (city or town) (State or country): Balto Co. Md.

INFORMANT: Mr. E. Burnett Bowen (nephew)

(Address): Roslyn - (615 Baltimore Rd)

BURIAL, CREMATION, OR REMOVAL

Place: Jessops M. E. Cem. Balto Co. Md. Date: May 15 1935

UNDERTAKER: Stewart Money Co.

(Address): 108 W. Lombard

FILED: 1935 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1934 to May 16, 1935

I last saw him alive on May 16, 1935. Death is said to have occurred on the date stated above, at 12.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma (Right Kidney)	April 1934
Metastases to Lungs	"
Bronchopneumonia	May 11 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Kerr V. Farr M. D.

(Address) University Hospital (Gay)

D. B. 1468-9 F 12715 ✓ F 12715

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1303 W. North Ave St., 14th Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ida May Newman

(a) Residence: No. 1303 W. North ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Robert J. Newman

DATE OF BIRTH (month, day, year) July 20-1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77.	9.	27.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Kent Co. Maryland.

13. NAME John A Duncan

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Anna Victoria Miller

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md

INFORMANT Mrs. Chas. H. Miller

(Address) 1303 W. North Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date May 20. 1935

UNDERTAKER Josiah Oyler

(Address) 1106 W. North Ave

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May. 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch 17. 1935 to May 17. 1935

I last saw h alive on May 17. 1935. Death is said to have occurred on the date stated above, at 7-05 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus with Nephritis, Influenza by Heart Failure

Date of onset: 2 Mos

Other contributory causes of Importance:

Inability to take nourishment & gradual weakening

Name of operation None Date of ...

What test confirmed diagnosis? Visible Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. Schmidt, M. D.

(Address) 1066 W North Ave

M. D. B. 1269-9

✓ F 12716

F 12716 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2143 Druid Hill Ave St. 14th Ward)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary F Smith

(a) Residence: No. 2143 Druid Hill Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widow

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, and year) March 1858

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

13. NAME Thomas Weaver

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Elizabeth -

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jennie Tindley
(Address) 2143 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date May 18 1935

19. UNDERTAKER James A Odenheimer
(Address) 1142 W. Fayette St.

20. FILED 1935 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/15 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1935 to 5/15 1935

I last saw h.. alive on 5/15 1935 Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
× Paralysis	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) B M Rhett M. D.

(Address) 2138 D H Ave

D. B 1268-9

F 12717

12717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93.6

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Agnes Hospital St., 70 Ward)

gth of residence in city or town where death occurred 44 yrs. 6 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME George Fred. Laupp

(a) Residence: No. 1922 West Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary A. Griffin

ATE OF BIRTH (month, day, year) Nov. 9th. 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shirt Factory
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Geo. F. Laupp

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna L. Mueller

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) Mrs. Mary A. Laupp 1922 W. Lexington St.

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem. Date 5/20/35 19

UNDERTAKER (Address) John J. Cowan & Son 901 Hollins St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 35 , 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with acute dilatation.	?
Was under treatment about one week.	
Other contributory causes of importance: Bronchial Asthma, and gradual failing heart.	1933

Name of operation Date of

What test confirmed diagnosis? Edema and Cyanosis Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

D. B 1268-9

✓ F 12718

F 12718 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

939

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Bonner

(a) Residence: No. 112 Calvin St near Sc. Dayette Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated.

If married, widowed, or divorced HUSBAND of (or) WIFE of Clara.

6. DATE OF BIRTH (month, day, year) 11/26/1879.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55.	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Tenn.

13. NAME George. ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Angeline Ware.

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Records Beth.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Ct Date 5/20/35 19

19. UNDERTAKER Isaiah L Brantley

(Address) 108 W Monument St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/5 1934 to 5/16 1935

I last saw him alive on 5/16 1935 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Myocardial insufficiency	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

D. P. 1268-9

F 12719

12719

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto. City Hospt. St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frances Burke

(a) Residence: No. 3565 Poole St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of James Burke

6. DATE OF BIRTH (month, day, year) July 13, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto (?) Md

13. NAME OF FATHER Walter Burke

14. BIRTHPLACE (city or town) (State or country) (?) Md

15. MAIDEN NAME OF MOTHER Katherine Robinson

16. BIRTHPLACE (city or town) (State or country) (?) Md

17. INFORMANT Balto City Hospt

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL Mary Lovane Date May 20, 1935

19. UNDERTAKER Glenwood Chapel

(Address) 3615-17 Huntington Ave

20. FILED May 20, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-13, 1935 to 5-16, 1935

I last saw him alive on 5-15, 1935 Death is said to have occurred on the date stated above, at 12 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Emphysema	?
Left -	?
Pneumonia	?
Right	4 days

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Martin M. D.

(Address) Balto City Hospt.

ec.—9 30—A. & Co.—250 Blks

Stiars

✓ F 12720

12720 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

REGISTERED NO.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square St. 12 WARD)

2 FULL NAME Lucy Stiars

(a) RESIDENCE NO 828 St. 35th St. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. dys. How long in U. S., if of foreign birth? yrs. mos. dys.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry L. Stiars.

DATE OF BIRTH (month, day, and year) Jan 14 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
66		4	3	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Baltimore (State or country) Maryland

10 NAME OF FATHER Edward Walker.

11 BIRTHPLACE OF FATHER (city or town) Md. (State or country)

12 MAIDEN NAME OF MOTHER Lucy Nelson

13 BIRTHPLACE OF MOTHER (city or town) Md. (State or country)

Informant L. J. Stiars

(Address) 828 N. 35th St.

Filed May 20 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 17, 1935

17

I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 17, 1935

that I last saw h[illegible] alive on May 17, 1935

and that death occurred, on the date stated above, at 10:00 P m.

The CAUSE OF DEATH* was as follows:

Gangrene chole-
lythis with chole-
cithasis

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (Secondary) Paralytic ileus

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? General & Gall Bladder Sta.

Did an operation precede death? Yes Date of 5-14-35

Was there an autopsy? No

What test confirmed diagnosis? Operation

(Signed) J. Dean Moore M. D.

, 19 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Loraine Cem.

DATE OF BURIAL May 20 19 35

20 UNDERTAKER Chenowith Bros

ADDRESS 36 Bluefield Ave

D. B. 1268-9

F 12721

HEALTH DEPARTMENT—CITY OF BALTIMORE

12721

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2304 E. North Ave St., 8 Ward)

gth of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME BENJAMIN F. MORRIS

(a) Residence: No. 2304 E. North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widower

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary J Gooding

ATE OF BIRTH (month, day, year) 8/30/1859

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	8	16	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Kent Co Md

NAME Jessie W Morris

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Frances J Downs

16. BIRTHPLACE (city or town) (State or country) Md

NFORMANT Sarah E Vickers

(Address) 2304 E North ave

URIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date 5/18/35 19

NDERTAKER Thos. E. Fogle & Sons

(Address) 1310 Eagle St.

1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16/35 19

22. I HEREBY CERTIFY, That I attended deceased from March 15/35 19 to May 16/35 19

I last saw him alive on May 14/35 19 Death is said to have occurred on the date stated above, at 1130 a m

The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease — Date of onset: Chronic — Years

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry B Holloman M. D.

(Address) 1403 Eagle

D. P. 1268-9

✓ F 12722

12722 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., W Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Kelly

(a) Residence: No. 406 Cross Av. Towson, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Kelly

DATE OF BIRTH (month, day, year) April 26, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Peter Kelly

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Carr

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT ...

(Address) ...

BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 1935

UNDERTAKER ...

(Address) ...

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 14 . 1935 to May 17 1935.

I last saw him alive on May 17 . 1935 Death is said to have occurred on the date stated above, at 9 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Senility	May 13

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Dr Smith M. D.

(Address) Mercy Hospital

D. F. 1268-9

✓ F 12723

HEALTH DEPARTMENT—CITY OF BALTIMORE

12723

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 710 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Higgs

(a) Residence: No. Kelltop, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (Write the word): Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie.

6. DATE OF BIRTH (month, day, year) ?

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67 (?)			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming.

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles Co, Md.

13. NAME OF FATHER Thomas Higgs Md.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Easter Brimfield

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date 5/18 19 35

19. UNDERTAKER J. J. Fahy & Son
(Address) 1318 Eutaw St.

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/24 . 1933 to 5/14 . 1935

I last saw him alive on 5/14 . 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs.
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268-9

✓ F 12724

HEALTH DEPARTMENT—CITY OF BALTIMORE

12724

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 603 Jasper St., 19 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John H. Franklin

(a) Residence: No. 1514 Lemon St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Hannah A. Franklin

7. DATE OF BIRTH (month, day, year) Feb 14-1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	3	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

14. NAME Sylvester Franklin

15. BIRTHPLACE (city or town) (State or country) Md

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) (State or country) Md

18. INFORMANT Nora Jackson

(Address) 1514 Lemon

19. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date May 20th 1935

20. UNDERTAKER A. S. Jones

(Address) 1111 E. Gilmor st

FILED May 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9th 1935 to May 16th 1935

that saw h[illegible] alive on May 14th 1935 Death is said to have occurred on the date stated above, at 3 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7 Days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. B. Kirk M. D.

(Address) 1514 Lemon

F 12725

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12725

CERTIFICATE OF DEATH

94-B

PLACE OF DEATH 3039 Frederick Ave 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St.,

gth of residence in city or town where death occurred 60 yrs. 10 mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Louis M. Schuring

(a) Residence: No. 3039 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Annie M. Schuring

DATE OF BIRTH (month, day, year) June 21 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	10	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fleischmann Yeast Co.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 10

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Schuring

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Annie M. Schuring

(Address) 3039 Frederick Ave

BURIAL, CREMATION, OR REMOVAL

Place Londonderry Cem Date May 20 1935

UNDERTAKER Harry A. Arnold & Son

(Address) 4204 Edgewood Ave

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to May 17, 1935

I last saw him alive on May 16, 1935 Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	
Hypotension	
Other contributory causes of importance:	
coronary embolism	1 day

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of Injury ..., 19...

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. J. Kyper M. D.

(Address) 3221 Frederick Ave

F 12726

H. D. B. 1268-0

HEALTH DEPARTMENT—CITY OF BALTIMORE

726

CERTIFICATE OF DEATH

82-W

Registered No. .....

1. PLACE OF DEATH Home for Incurables St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred yrs. 7 mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Vickers Crawford

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 10, 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	9	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chestertown, Maryland

13. NAME Samuel Henry Crawford

14. BIRTHPLACE (city or town) (State or country) Middletown, Delaware

15. MAIDEN NAME Julia Vickers

16. BIRTHPLACE (city or town) (State or country) Sandford, Maryland

17. INFORMANT Emily Baechtel

(Address) Home for Incurables.

18. BURIAL, CREMATION, OR REMOVAL Place Old St. Paul's Cem. Date 5/19 1935

Mount Clare, Md.

19. UNDERTAKER J. H. Brown

(Address) 3006 Baker St.

20. FILED ..... 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th 1934 to May 17 1935

I last saw her alive on May 17th 1935 Death is said to have occurred on the date stated above, at 12.40 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sudden
Arterial hypertension	over 3 mos.
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? P. E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) Wm B Magruder M. D.

(Address) Medical Arts Bldg.

D. F. 1268-9

F 12727

12727 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. Calvert & 33rd St. St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. William Smith Stimmel

(a) Residence: No. 4836 Ellsworth Avenue St., Ward. Pittsburgh, Penn.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of (or) WIFE of Laura F. Stimmel

DATE OF BIRTH (month, day, year) Oct. 14, 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent John Hancock Insurance Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Columbus Ohio

13. NAME Mrs ? Stimmel

14. BIRTHPLACE (city or town) (State or country) Columbus Ohio

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL Place Pittsburgh, Pa. Date May 18, 35

UNDERTAKER Wm. J. Tickner & Son

(Address) North & Pa Ave

FILED 1935 Hamilton Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 18, 1935.

I last saw him alive on May 18, 1935 Death is said to have occurred on the date stated above, at 12.23 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-11-35
Carcinoma of Sigmoid	?
with metastases	?

Other contributory causes of importance:

Bronchopneumonia	5-17-35

Name of operation Illio-Sigmoidoscopy Date of 5-11-35

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Landon Timberlake, M. D.

(Address) Union Mem. Hosp. 33rd & Calvert

F 12728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 54 Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1212 N. Charles St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Anna Lenschow

(a) Residence: No. 1212 N. Charles St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 9th 1849

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	1	8	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) 1929 | 11. Total time (years) spent in this occupation 5 0

BIRTHPLACE (city or town) (State or country) New York N.Y.

13. NAME Carl Lenschow

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Wagner

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Eleonora Lenschow

(Address) 1212 N. Charles St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 20 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

0.1035 FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to May 17 1935.

I last saw her alive on 19 Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	Several years

Other contributory causes of importance:

Old Age

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, what?

(Signed) Instr. C Blake M. D.

(Address) Med. Arts Bldg.

729

F 12729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 108

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2000 N North Ave St., 15 Ward)

gth of residence in city or town where death occurred 63 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME Charlotte Hetzel

(a) Residence: No. 2000 N North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Hetzel

ATE OF BIRTH (month, day, year) July 8, 1854

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	80	10	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

12. NAME Anna Gunther

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT E. Barnard

(Address) 2000 N North Ave

BURIAL, CREMATION, OR REMOVAL

Place Western Date 5/21 1935

UNDERTAKER Wm Lorz & Son

(Address) 1219 E Fayette

FILED 1935 Harriet Williamson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/13/35, 1935, to May 17, 1935

I last saw h alive on May 16, 1935. Death is said to have occurred on the date stated above, at 2:45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Left lobar pneumonia	5/13/35

Other contributory causes of importance:

Toxemia.
myocardial insufficiency

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) George A Lander M. D.

(Address) 1617 E North Ave

12730 F 12730

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 503 Stamford Road 18 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Gladys L. Archambault

If U. S. Veteran specify WAR .....

(a) Residence: No. 503 Stamford Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

(If married, widowed, or divorced) WIFE (or) HUSBAND of Paul J Archambault

ATE OF BIRTH (month, day, year) Aug 9 - 1909

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
25	9	9	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

8. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 1 yr

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Henry A Mundelok

13. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Flora Isaacs

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT (Address) Paul J Archambault 503 Stamford Rd

BURIAL, CREMATION, OR REMOVAL

Place London Pk. Date 5/21 1935

UNDERTAKER William Cook (Address) 1217 St Paul St

Filed ... 19... Registrar

1935

MEDICAL CERTIFICATE OF DEATH 5 AM

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 35 to May 18 1935

I last saw her alive on May 18 1935. Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows: Leukemia, Large spleen, very anemic

Date of onset .....

Other contributory causes of importance: Myocarditis one year

Was an operation performed? no Date of —

For what disease or injury? .....

Name of operation — Date of —

What test confirmed diagnosis Blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thos. H. Phillips M. D.

(Address) 1939 Edmondson Ave

B 1268-9

F 12731

HEALTH DEPARTMENT—CITY OF BALTIMORE

2731

CERTIFICATE OF DEATH

✓ 82-a

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. — Cottage Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 37 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. — ds.

FULL NAME Rebecca Stichman

(a) Residence: No. 3909 Cottage Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Stichman

ATE OF BIRTH (month, day, year) 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

8. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

9. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Prob Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Prob Russia

INFORMANT Frank Stichman

(Address) 3909 Cottage Ave

BURIAL, CREMATION, OR REMOVAL

Place Lehew Riverdale Date May 19 1935

UNDERTAKER Jol Furnson-Bros

(Address) 1122 E Balto st

FILED May 20 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 .....

I last saw h... alive on January, 19 ..... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) [illegible] M. D. Coroner

(Address) [illegible]

F 12732

B 1268-9

2732

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-a

Registered No.

PLACE OF DEATH Sinai Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Monument St., 15 Ward)

gth of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Salamon Jolson

(a) Residence: No. 3908 Park Heights Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie

6. DATE OF BIRTH (month, day, year) 1874

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
61	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Mayer Golson

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Godin —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Maurice Golson

(Address) 2652 Oswego Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loewen Memorial Date May 19, 1935

19. UNDERTAKER Hof Lewinson & Roe

(Address) 112 E. Lexington St.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/12, 1935, to 5/18, 1935

I last saw him alive on 5/18, 1935. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction
Acute Cardiac Dilatation

Date of onset

Other contributory causes of importance:

Strangulated Hernia (Umbilical)
Benign hypertrophy of Prostate

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard W. Walfod M. D.

(Address) Sinai Hospital

B. 1268-0

F 12733

12733

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 82-a

PLACE OF DEATH

Y OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 76 Ward)

BALTIMORE, MD

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William S Strufelli

(a) Residence: No. 3624 E. Fayette St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

If married, widowed, or divorced: (or) of Frances Strufelli

DATE OF BIRTH (month, day, year) July 14, 1884

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	? 10	? 3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Millwright

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Italy

10. NAME Carbo Antonio

11. BIRTHPLACE (city or town) (State or country) Italy

12. MAIDEN NAME —

13. BIRTHPLACE (city or town) (State or country) Italy

14. INFORMANT Domenick Strufelli

(Address) 704 S. Potomac St

15. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 20, 1935

16. UNDERTAKER Frank V. Pikitow

(Address) 201 E. Balto St

17. FILED —, 19— Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1935 to 5-17, 1935

I last saw h[illegible] alive on 5-17, 1935 Death is said to have occurred on the date stated above, at 10:55 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-15-35

Other contributory causes of importance:

arteriosclerosis
Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [signature] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

B 1268-9

12734

2731 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. John Hopkins Hospital St., 6 Ward)

th of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Isaac Snyder

(a) Residence: No. 2203 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced
BI SBAND of (or Wife of) Bessie Snyder

ATE OF BIRTH (month, day, year) Not Known

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper Hanger

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0652

. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

3. NAME Rubin Snyder

4. BIRTHPLACE (city or town) (State or country) Russia

5. MAIDEN NAME Sophie ?

6. BIRTHPLACE (city or town) (State or country) Russia

NFORMANT Bessie Snyder

(Address) 2203 Orleans St.

URIAL, CREMATION, OR REMOVAL Date 5-19- 35

Hebrew Mt Carmel

UNDERTAKER Jack Lewis Son

(Address) 1432 E Oliver St

ILED 5-19-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	3 hours

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

F 12735

P. 1268-9

2735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. Sinai Hospital St., 5 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Isadore Sterr

(a) Residence: No. 121 Argyle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) 5-10-1921

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14		8	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
11. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Louis Sterr

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Leah Golomb

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Samuel Sterr

(Address) 3819 Park Heights Ave

BURIAL, CREMATION, OR REMOVAL

(Cemetery) Lorraine Cem Date 5/19/35 19

UNDERTAKER Jos Levin Sons

(Address) 1759 E. Balto St

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 9 . 1934 to May 18 . 1935

I last saw him alive on 5/18/35 . 19 . Death is said to have occurred on the date stated above, at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Rheumatic fever
Pericardial effusion

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Saul W. Sugar . M. D.

(Address) Sinai Hospital

D. P. 1269-9
2736

F 12736

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3927 Braunar ave St., 15 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

FULL NAME David Feldman

(a) Residence: No. 3927 Braunar ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Tillie

DATE OF BIRTH (month, day, year) 2-27-1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Grocery Keeper

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20-4

BIRTHPLACE (city or town) (State or country) Russia

13. NAME Harry Feldman

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Hannah Carter

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Tillie Feldman

(Address)

BURIAL, CREMATION, OR REMOVAL Place Baltimore Cemetery Date 5/19/35 19

UNDERTAKER (Address) 1937 E. Baltimore

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17 1935

22. I HEREBY CERTIFY, That I attended deceased from October 3 1934 to May 17 1935

I last saw him alive on 5-17 1935 Death is said to have occurred on the date stated above, at 11.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	1920
Chronic nephritis	1925
Chronic Myocarditis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jacob Cohen M. D.

(Address) 2238 Broadway

D. B. 1368-9

F 12737

2737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 27 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Fertita

(a) Residence: No. 3003 Fleetwood Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 2nd 1922

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	4	16 15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scholar

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Bakersfield Calif

13. NAME Philip Fertita

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Antoinette Schulman

16. BIRTHPLACE (city or town) (State or country) Nebraska

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 21st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 5-23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1935 to 5/18 1935

I last saw him alive on 18th May 1935 Death is said to have occurred on the date stated above, at 6.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Fibrin. Nephritis	Prolong?
Cerebral Hemorrhage.	2 wks

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Smith M. D.

(Address) Mercy Hospital

2738 F 12738

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Lyndale Ave St., 8 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ann Gloria Gieseking

(a) Residence: No. 3314 Lyndale Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): Feb 23 1926

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	7	25	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME OF FATHER: William Gieseking

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME OF MOTHER: Eleanor Anderson

16. BIRTHPLACE (city or town) (State or country): Baltimore

INFORMANT: William Gieseking

(Address): 3314 Lyndale Ave

BURIAL, CREMATION, OR REMOVAL

Place: Baltimore Cem Date: May 20, 1935

UNDERTAKER: John Ulrich

(Address): 2008 Orleans

FILED: MAY 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1935, to May 17, 1935

I last saw her alive on May 17, 1935. Death is said to have occurred on the date stated above, at 8 3/5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma - involving glands of neck	5-6 mo

Other contributory causes of importance:

Cardiac failure

Name of operation: Removal neck glands Date of: 3/35

What test confirmed diagnosis: Histologic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Frank D Foreman, M. D.

(Address) 125 E Eutaw

✓ F 12739

12739

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2648 Frederick Ave St., 20 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jessie W. Bowers

(a) Residence: No. 2648 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 17. 1877

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	3	1	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cotton Spinner

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Mill 0046

8. Date deceased last worked at this occupation (month and year) 1930 | 11. Total time (years) spent in this occupation 28 yrs

9. BIRTHPLACE (city or town) (State or country) Alberta Md

13. NAME John T. Bowers

14. BIRTHPLACE (city or town) (State or country) Reisterstown Md

15. MAIDEN NAME Martha Bell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Melissa Bowers
(Address) 2648 Frederick Ave

BURIAL, CREMATION, OR REMOVAL Reisterstown Md
Place Johns M. E. Cemetery Date May 20 1935

UNDERTAKER Howard R. Bligh Jr.
(Address) 418 N. Gay St.

FILED 1935 Registrar.

6

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12. 1935 to May 18 1935

I last saw him alive on May 18. 1935 Death is said to have occurred on the date stated above, at 3:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
acute appendicitis	May 4

Other contributory causes of importance:
Bronchitis
Emphysema

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Chas. E. Reese M. D.

(Address) 2020 N. Charles St.

H. R. 1265-9

F 12740

2740 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1319 Homewood Ave St., 9 Ward)

gth of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella V. Daley

(a) Residence: No. 1319 Homewood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of Single

ATE OF BIRTH (month, day, year) Oct. 27, 1861

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
73	6	21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0009

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerical Work

8. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 28

BIRTHPLACE (city or town) (State or country) Phila. Penn.

13. NAME John R. Daley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Cummings

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs. Swain

(Address) 1319 Homewood Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore County Date May 21, 1935

UNDERTAKER Edmund C. Conklin

(Address) 214 E. Eager St.

FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935, to May 18, 1935

I last saw her alive on May 17, 1935 Death is said to have occurred on the date stated above, at 6a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	4 years
Other contributory causes of importance:	
Cerebral Hemorrhage	4 days

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. V. Pettigrew, M. D.

(Address) 81 Hamilton Ter

B. 1268-9

✓ F 12741

741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 608 Cator Ave. St., 9 Ward)

gth of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Jesse Higgins

(a) Residence: No. 608 Cator Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Florence Caldwell

ATE OF BIRTH (month, day, year) Dec. 24. 1868

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Edwin Higgins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rebecca Old

16. BIRTHPLACE (city or town) (State or country) Georgetown D.C.

INFORMANT Palmer T. Higgins

(Address) 608 Cator Ave.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May. 20. 1935

UNDERTAKER John C. Mitchell & Sons

(Address) 1900 Eutaw Place.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18. 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 3. to May 18 ..... 1935.

I last saw h. alive on May 17 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	1930

Other contributory causes of importance:

Name of operation Laryngectomy Date of about 1932

What test confirmed diagnosis? Pathologist saw Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 .....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) George M. Settle M. D.

(Address) 2435 Maryland Ave.

F 12742

. B. 1268-9

2742

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 107 W. 29th. Street St., 17 Ward)

gth of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Beacham Day

(a) Residence: No. 107 W. 29th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Franklin W.Day

ATE OF BIRTH (month, day, year) May 14.1861

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James W. Beacham

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eurath Ensor

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Miriam M.Day

(Address) 107 W. 29th. Street

BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date May 20.1935

UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

FILED 1935 Huntington Avenue, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17.1935 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 10th, 1934 to May 17th, 1935

I last saw h[illegible] alive on May 17th, 1935 Death is said to have occurred on the date stated above, at 2.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chron. Interstitial Nephritis	1934
Cardiac Hypertrophy	2 yrs

Other contributory causes of importance:

Hypertension, sclerosis Arteries 1926

Name of operation [illegible] Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so specify

(Signed) Geo. W. E. Cross M. D.

(Address) 28 W. 25th. Street

D. P. 1268-9

✓ F 12743

2743 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ARLINGTON LEE LITSINGER

(a) Residence: No. 418 Lehenley Road Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 10, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	—	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6025

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co, Md.

13. NAME Wm. D. Litsinger

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Amelia C. Hawkins

16. BIRTHPLACE (city or town) (State or country) A. A. Co Md

17. INFORMANT Rev. Wm. Litsinger

(Address) Chestertown Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 20, 1935

19. UNDERTAKER John L. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED May 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to May 17, 1935.

I last saw him alive on May 17, 1935. Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart disease	?
Coronary Occlusion	5-5-35
Angina pectoris	1933

Other contributory causes of importance:

Pulmonary Congestion	?
Angina Pectoris	1933

Name of operation — Date of

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hospital

L. B. 1268-9

2744

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12744

56

CERTIFICATE OF DEATH

PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp. (St.) 25 (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hanne Harshman

(a) Residence: No. 1913 Grindall Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nov 19/32.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

12. NAME Harold Harshman

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Gertrude Hull

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT (Address) Harold Harshman 1933 Grindall Ave.

BURIAL, CREMATION, REMOVAL (Date) Mt. Olivet Cem. 5/19 1933

Place Frederick

UNDERTAKER Edward Toulson

(Address) Walsh Bldg.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1933 to 5-17 1933

I last saw h[illegible] alive on 5-17 1933 Death is said to have occurred on the date stated above, at 11 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Endocarditis,	
Hypo condition,	3 Mo.
Cardiac decompensation &	2 mo.
Failure	

Other contributory causes of importance: Bronchopneumonia

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) S. R. Adams M. D.

(Address) Rosewood Hosp.

D. B 1268-9

F 12745

745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 3552 Second St. 25 Ward)

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Jeanette Allen Chute

(a) Residence: No. 3552 Second St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

If married, widowed, or divorced WIFE of Clinton W. Chute

ATE OF BIRTH (month, day, year) Dec 5 1871

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	11	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Oliver Joynes

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Mary Hutchinson

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mrs Sadie Rohrstein

(Address) 3552 Second St

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date May 20 . 1935

UNDERTAKER Charles L. Storms

ADDRESS 1501 E Fort Ave

FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th . 1934 to May 16th . 1935

I last saw her alive on May 16th 1935 Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right breast with general metastases

Date of onset about 1 year before death

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Heibel M. D.

(Address) 1224-26 Hanover St.

✓ F 12746

D. B. 1268-9

12746 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130 Registered No.

PLACE OF DEATH Mercy Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Calvert St. St., 18 Ward)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William C McDonnell

(a) Residence: No. 509 Arlington Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) Mary Rice McDonnell

DATE OF BIRTH (month, day, year) Oct. 26 1883

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME James McDonnell

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Elizabeth Culverwell

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mary R. McDonnell

(Address) 509 E Arlington Ave

BURIAL, CREMATION, OR REMOVAL

Place Balto Mem. Date 5/20/ 1935

UNDERTAKER J. A. Moran

(Address) 3066 Balto St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-16 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-28 1935 to 5-16 1935

that I saw him alive on 5-16 1935 Death is said to have occurred on the date stated above, at 3:39 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute glomerulo-nephritis	6 weeks
Other contributory causes of importance: Broncho-pneumonia Bronchiectasis	7 days

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Imeyer Harry Isaacson M. D.

(Address) Jewish Hospital

D. B. 1268-9

F 12747

2747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3332 N. Charles St St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. 3 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 70 3 19

2. FULL NAME Lilly Mae Padgett.

(a) Residence: No. 3332 N. Charles St St., Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Jan. 31. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME Robert Jackson Padgett

14. BIRTHPLACE (city or town) (State or country) Burwood Md.

15. MAIDEN NAME Anne Jane Hammell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Miss Grace Padgett

(Address) 3332 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 20 1935

19. UNDERTAKER Stewart & Co

(Address) 1738 Eutaw Pl

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1935, to May 19, 1935

I last saw her alive on May 18, 1935 Death is said to have occurred on the date stated above, at 330 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis & Myocarditis	10 yrs
Arterio Sclerosis	10 yrs.
Other contributory causes of importance:	
Cerebral Embolus.	7/7/35
Embolus of left Popliteal Artery	3/30/35
Hypostatic Pneumonia	5/16/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Wilbur Stewart, M. D.

(Address) 1738 E 28th St.

O. B. 1268-9

✓ F 12748

2748

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 610 Richmond Ave 27 Ward)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Wesley Freeman

(a) Residence: No. 610 Richmond Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced, HUSBAND of (or) WIFE of Mary Alma Freeman

6. DATE OF BIRTH (month, day, year) 5 Sr 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	0	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Park Hall Md

13. NAME of Father Lynch Freeman

14. BIRTHPLACE (city or town) (State or country) Ridge Md

15. MAIDEN NAME of Mother Marie Forret

16. BIRTHPLACE (city or town) (State or country) Ridge Md

17. INFORMANT Mrs L. Stevens

(Address) 610 Richmond Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem Date May 20 1935

19. UNDERTAKER May W. Wedefeld

(Address) 901 E 22nd St Balto Md

FILED 1935 Huntington Pittsburgh Reg. Reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16 1935

22. I HEREBY CERTIFY, That I attended deceased from February 24 1935 to May 16 1935

I last saw h alive on May 15 1935 Death is said to have occurred on the date stated above, at 5.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach about one year	1934
Other contributory causes of Importance: Gastric Hemorrhage	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reginald D. Tonry M. D.

(Address) 414 E. North Ave

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-M

Registered No. .....

PLACE OF DEATH

OF BALTIMORE: (No. St Agnes Hospital St. 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

FULL NAME Robert H. Heron

(a) Residence: No. St Dennis Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, widowed, or divorced HUSBAND of (or) WIFE of Elizebeth E. Heron

TE OF BIRTH (month, day, year) May 2nd 1880

Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
E 5		15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plummer 0059

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 5 17 35

11. Total time (years) spent in this occupation Life

RTHPLACE (city or town) (State or country) Scotland

NAME John Heron

BIRTHPLACE (city or town) (State or country) Scotland

MAIDEN NAME Mary Smith

BIRTHPLACE (city or town) (State or country) Scotland

FORMANT Leonard Heron
(Address) Relay Md.

URIAL, CREMATION, OR REMOVAL Place Mt Hope Cem Date May 20 19 35

NDERTAKER Easton Home
(Address) Ellicott City

ED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 17 35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... , to ... , 19 ...

I last saw h... alive on Inquirey , 19 ... Death is said to have occurred on the date stated above, at 3.55 P.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from lung	
Other contributory causes of importance:	

Name of operation No, Lung puncture Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? External and accidental Date of injury ... , 19 ...
May 17- 35

Where did injury occur? Relay Md,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place B&O Railroad

Manner of injury Struck by engine

Nature of injury Puncture in upper right Lung

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave,

B 12750

F 12750

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3803 Hayward Ave St., 7 Ward) Balto. Md.

Length of residence in city ——— where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Annie Mary Stotler

(a) Residence: No. 3803 Hayward Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed ~~or divorced~~ of (or) WIFE of Clayton Walter Newton Stotler

DATE OF BIRTH (month, day, year) Jan. 13 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	68	4	6	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

BIRTHPLACE (city or town) (State or country) Meyersdale Pa.

13. NAME Joseph S. Miller

14. BIRTHPLACE (city or town) (State or country) Keystone Pa

15. MAIDEN NAME ~~Same~~ Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT (Address) Jos. H. Stotler 2700 Kenilworth Ave

BURIAL, CREMATION, OR REMOVAL

Place Meyersdale Pa Date May 19 1935

UNDERTAKER John F. Dennis (Address) 715 Light St

FILED ... 20 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to May 19 1935

I last saw h~~er~~ alive on May 19 1935 Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sept cerebral thrombus	May 14/35

Other contributory causes of importance:

Adenomatous thyroid	?
Glomerular Nephritis	2 mos
Chronic myocarditis	?
Enteric sclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? Hosp

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Duncan P. Alexander M. D.

(Address) 3316 Sudbrook Lane

D. B. F 12751 F 12751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 W. Saratoga St., 70 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Basil D. Buddy

(a) Residence: No. 1828 W. Saratoga St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Favour Buddy

6. DATE OF BIRTH (month, day, year) Aug 7 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0672
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Govt. Collector
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Pennsylvania
13. NAME Francis M. Buddy
14. BIRTHPLACE (city or town) (State or country) Pennsylvania
15. MAIDEN NAME Eliza Riddlemoser
16. BIRTHPLACE (city or town) (State or country) Pennsylvania
17. INFORMANT Mrs. Margaret Buddy
(Address) 1828 W. Saratoga St.
18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date May 21st 1935
19. UNDERTAKER Fred H. Cook
(Address) 1003 W. Baltimore St.
20. FILED MAY 20 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 30 1932 to May 18 1935
I last saw him alive on May 17 1935 Death is said to have occurred on the date stated above, at 3.30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac failure	1 day
Senility -	
Chronic myocarditis	1 Oyrs
" bronchitis	10 yrs

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Andrew E. Calos M. D.
(Address) 4 N. Calvert

F 12752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. F 12752

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenbaum Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Catherine Ritter

(a) Residence: No. 2822 S. 2nd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 3 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	~~7~~ 6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore-Brooklyn
(State or country) Maryland

13. NAME Roy A. Ritter

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Anna Lehr

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Mrs. Roy Ritter
(Address) 2822 Second St., Brooklyn

BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Cem. Date May 20 19 35

UNDERTAKER Wm. H. Cook
(Address) 1001 E. Baltimore St.

FILED May 20 19 35 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 , 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9 , 1935 to May 18 , 1935

I last saw her alive on May 18 , 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

Duration
Influenzal Meningitis 5 days
Otitis, Pneumonia 2 "

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No Specify

(Signed) Samuel E. Bogorad M. D.

(Address) Lyndenbaum Hospital

F 12753 F 12753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 98 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Hattie Johnson

(a) Residence: No. 437 N Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	Separated

If married, widowed, or divorced HUSBAND of (or) WIFE of ? supplied

DATE OF BIRTH (month, day, year) Feb 25 1897

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	2	23	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Days work

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Theo Canton

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Mary Potts

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place asbury cemetery Date may 21 1935

UNDERTAKER Edw Bryan

(Address) 1631 orleans st

FILED 23 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to May 16, 1935

I last saw h[illegible] alive on May 15, 1935 Death is said to have occurred on the date stated above at 6 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - lobar - rt upper & middle - septicemia - pneumococcus IV - fibrinous pleurisy rt. hemorrhage in brain - intestinal histoplasmosis.	may 11

Other contributory causes of importance:

Name of operation — Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ferdinand Koch M. D.

(Address) Johns Hopkins Hospital

F 12754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., ... Ward)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Angelo A. Barsanti

(a) Residence: No. 2909 Berwick Ave St., Hamilton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or WIFE of) nee Tillona Evelyn L. Barsanti

6. DATE OF BIRTH (month, day, year) Jan (3) 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	4	14½	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sculptor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0001

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Augusto Barsanti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Evangeline Lusi

16. BIRTHPLACE (city or town) (State or country) Italy

INFORMANT Mrs Evelyn L. Barsanti

(Address) 2909 Berwick Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Ave Date May 21 1935

UNDERTAKER Walter Davis

(Address) 3418 Chestnut Ave

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Inquest Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 18 1935

Where did injury occur? 5601 Bellona Ave.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell down cellar steps

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Edw A Widenhorn M. D. Coroner

(Address) ...

B. 1268-9

12755

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12755

CERTIFICATE OF DEATH ✓ 210-M

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. St. Joseph Hosp. St., 27 Ward)

th of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mamie Ditzel

(a) Residence: No 2823. Bauernwood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Ditzel

TE OF BIRTH (month, day, year) July 12 1866

E Years	Months	Days	If LESS than 1 day, hrs. or min.
3	10	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc 1037

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto. Md.

NAME Richard Phillips

BIRTHPLACE (city or town) (State or country) Dorchester C.o.

MAIDEN NAME Nasse Marchel

BIRTHPLACE (city or town) (State or country) Dorchester. Co.

FORMANT Henry Ditzel
(Address) 2823 Bauernwood Ave.

URIAL, CREMATION, OR REMOVAL
Place Balto. Cem. Date May.20/35

NDERTAKER Ely & Zeiler Inc
(Address) 403 S. Wolfe St

ILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 ..

I last saw h[illegible] alive on 5/16/35 19 . Death is said to have occurred on the date stated above, at 7Pm a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	

Other contributory causes of importance:

Mitral Regurgitation
Multiple Lacerations of scalp
Fracture of skull

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 5/11 19 35

Where did injury occur? Highland Road & Bellewood Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto while attempting to cross street car

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Herbert Gruber Asst. Coroner M. D.
Coroner

(Address) 102 West Saratoga St

L. B. 1268-9

12756 F 12756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1839 Wilhelm St. 19 Ward)

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. if of foreign birth? yrs. mos. da.

FULL NAME Daughter of Mr & Mrs R S Poirot

(a) Residence: No. 1839 Wilhelm St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) May 17, 1935

GE Years	Months	Days	If LESS than 1 day, 2 hrs. or min.
		1	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Rawling S. Poirot

13. BIRTHPLACE (city or town) (State or country) Balto Md

14. MAIDEN NAME Mary M. Wilson

15. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Mr Rawling S. Poirot
(Address) 1839 Wilhelm St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 5/20 19 35

UNDERTAKER Edw Toulson
(Address) Wash Blvd

MAY 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to May 18, 1935

I last saw h[illegible] alive on May 18, 1935 Death is said to have occurred on the date stated above at 6:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth 7½ months	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

27. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) Robt L Cameron M. D.

5/18/35 (Address) 1644 Hanover St

B 1268-9

F 12757

12757 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 122-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. University Hospital St. 16 Ward)

th of residence in city or town where death occurred 12 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Irene E. Lueckert

(a) Residence: No. 1433 Ellamont St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Arnold Lueckert

TE OF BIRTH (month, day, year) July 13, 1907

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	10	4	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0027

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Virginia

. NAME Samuel Bray

. BIRTHPLACE (city or town) (State or country) Virginia

. MAIDEN NAME Susie Hutchinson,

. BIRTHPLACE (city or town) (State or country) Virginia

FORMANT Mr. Arnold Lueckert
(Address) 1433 Ellamont St.,

URIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 20, 1935

NDERTAKER Harry H. Witzke
(Address) 4101 Edmonson Ave.

LED 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-16
Shock	5-17

Other contributory causes of importance:

Name of operation Abdominal operation to remove obstruction. Date of 5-17

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

5/18/35 (Signed) R. H. Cullen Coroner, M. D.

(Address) 3757 W. North Ave

B 1268-S

F 12758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12758 ✓ 210-8

PLACE OF DEATH Franklin Square Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. ..... St., 19 Ward)

th of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

FULL NAME LeRoy C. Lockard

(a) Residence: No. 1208 S. Calhoun St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

married, widowed, or divorced
HUSBAND of (or) WIFE of Myrtle Lockard

ATE OF BIRTH (month, day, year) 6-25-1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	22	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 5/17/35

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Baltimore Md

Son or Daughter Lockard

BIRTHPLACE (city or town) (State or country) Salle Mo

MAIDEN NAME Edna Miller

BIRTHPLACE (city or town) (State or country) Ellicott City Md

RESIDENCE (Address) 1208 S. Calhoun St

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5-22 ..., 1935

UNDERTAKER Harry K. Witzke

(Address) 4101 Edmondson Ave

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17 ..., 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw him alive on 5/13 ..., 1935. Death is said to have occurred on the date stated above, at 10.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra abdominal Injuries	
Fractured pelvis & femur (left)	
Crushed at Hawk	
Car overturned upon him	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 5/17 ..., 1935

Where did injury occur? Cor. Hawk & Stout
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Stout

Manner of injury Car overturned Penny fell on him

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Hubert Bixler MD (Acting Coroner) M. D.
Coroner

(Address) 524 Park Ave

F 12759)

✓ F 12759

9721 2

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St., 13 Ward)

gth of residence in city or town where death occurred 16 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Oscar Lawrence

(a) Residence: No. 2341 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/18/82

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	4	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook Restaurant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Hosp
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Peter Lawrence

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Anna Carpenter

16. BIRTHPLACE (city or town) (State or country) N. C

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date May 20 1935

UNDERTAKER A. Brooks
(Address) 1463 N. Carey St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23. 1935. to May 17. 1935
I last saw him alive on May 17. 1935. Death is said to have occurred on the date stated above, at 8 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis, rt.	3 yr.
Other contributory causes of importance: Pulmonary tuberculosis	5-15-35

Name of operation Thoracoplasty, rt. Date of 4-25-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Chas F Briggs M. D.
(Address) Johns Hopkins Hosp

MAY 20 1935

F 12760

F 12760

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1416 Presstman St. 15 Ward)

Length of residence in city or town where death occurred 45 yrs. 3 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Elizabeth Pulley

(a) Residence: No. 1416 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Pulley

DATE OF BIRTH (month, day, year) 8-19-1886

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	3	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Thomas Brooks

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Mary Ray.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Carrie Pulley (daughter)

(Address) 1416 Presstman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date May 21 1935

19. UNDERTAKER V. A. Brooks

(Address) 1463 McCary St.

20. FILED ... of 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to May 17, 1935

I last saw h... alive on May 17, 1935 Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/10/35

Other contributory causes of importance:

none

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C. N. Pigott M. D.

(Address) 1536 W. Lafayette St.

F 12761

D. B. 268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12761

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1625 Clifton View St., 8 Ward)

Length of residence in city or town where death occurred 47 yrs. ~ mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

FULL NAME John J. Lyng

(a) Residence: No. 1625 Clifton View Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Margaret M. Lyng

DATE OF BIRTH (month, day, year) Aug 25 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 9 yrs

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Michael Lyng. Ireland.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Bridget Carey

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Mrs. Margaret M. Lyng
(Address) 1625 Clifton View Ave.

BURIAL, CREMATION, OR REMOVAL Ave.

Place Holy Redeemer Date May 21 1935

UNDERTAKER Percy Hawkins, Inc
(Address) 201 E. Eager St. Funeral Director

Filed May 21, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from February 15 1934 to May 17 1935

I last saw h~~im~~ alive on May 17 1935 Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Stomach.	Feb 1934
Metastatic Carcinoma of Liver and Pancreas	?

Other contributory causes of importance:

Name of operation Gastro-Jejunostomy Date of 5/1/35

What test confirmed diagnosis Biopsy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William P. Geraghty M. D.

(Address) 10 E. Biddle St

B 1268-C

I 12762

HEALTH DEPARTMENT—CITY OF BALTIMORE

2762

CERTIFICATE OF DEATH

184

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. St. Joseph Hospital St., 17 Ward)

th of residence in city or town where death occurred 17 yrs. 1 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ruth M. Hentz

(a) Residence: No. 312 W. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
X male	White	Single

married, widowed, or divorced HUSBAND of (or) WIFE of

TE OF BIRTH (month, day, year) April 11, 1921

E Years	Months	Days	If LESS than 1 day, hrs. or min.
14	1	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attended School

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Howard E. Hentz

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MAIDEN NAME Lillie Mills

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FORMANT Mr. Howard E Hentz (Father)

(Address) 312 W. 29th St.

URIAL, CREMATION, OR REMOVAL

Date May 22, 1935

NDERTAKER Thomas J. Tolan

(Address) 3615 Eastern Ave

LED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 5.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	1 day

Other contributory causes of importance:

Fulminant Cerebral Meningitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 18, 1935

Where did injury occur? Double Rock (Overlea) Maryland
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Gun shot wound

Nature of injury Compound Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

D. B. 1268-9

F 12763

12763 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3416 Keswick Road St., 13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos ds.

2. FULL NAME Virginia F. Mason

(a) Residence: No. 3416 Keswick Road St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) May 30, 1930

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
4	11	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Wm. Mason

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Lottie Shearer

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Wm Mason

(Address) 3416 Keswick Road

18. BURIAL, CREMATION, OR REMOVAL

St. Mary's Hampden Date May 21, 1935

19. UNDERTAKER Edmonds Son

(Address) 3615 11 Baltimore

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6 1935 to May 19 1935

I last saw h. alive on May 18 1935. Death is said to have occurred on the date stated above, at 4:30 a. m.

The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia — Date of onset May 6 1935

Grippe infection from — May 4 1935

Other contributory causes of importance:

Cardiac paralysis — chronic

malnutrition — chronic

otitis media

Name of operation none Date of

What test confirmed diagnosis Physical Exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Cliff M. D.

(Address) 10 E Franklin

D. P. 1268-9

for Evans - W 40th St. F 12764

12764

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2919 Rosalind Ave. Pimlico 27 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Melville S. Arthur

(a) Residence: No. 2919 Rosalind Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced: HUSBAND of (or) WIFE of Lola H. Arthur

DATE OF BIRTH (month, day, year) Jan 22, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER Martin J. Arthur

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Etha E. Curry

16. BIRTHPLACE (city or town) (State or country) Ohio

INFORMANT Lola H. Arthur

(Address) 2919 Rosalind Ave

BURIAL, CREMATION, OR REMOVAL

Loudon Park Date May 21, 1935

UNDERTAKER Thanhouser Son

(Address) 3615 Falls Rd

FILED MAY 21 1935, 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 19 to May 19, 19 35

I last saw him alive on May 18, 19 35. Death is said to have occurred on the date stated above, at 5a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Rectum	5 mo.
Other contributory causes of importance: Ren infection	3 yrs

Name of operation Colostomy Date of Feb

What test confirmed diagnosis Clinical Were an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? Not (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury Not

Nature of injury Not

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John A. Evans, M. D.

(Address) 6 W 40 St

D. B. 1268-9

VF 12765 or Chamberlain 7804 Liberty Heights

HEALTH DEPARTMENT—CITY OF BALTIMORE

12765

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2500 Hunter Ave St., 16 Ward)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nettie Bell Benjamin

(a) Residence: No. 2500 Hunter Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 31st 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	18 17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME Marcus O. Benjamin

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Mary Hooper

16. BIRTHPLACE (city or town) (State or country) N. Y.

INFORMANT Wm J. Milbourne

(Address) 5117 Greenwich Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 21st 1935

UNDERTAKER Lee. Hebron & Son

(Address) 2503 Edmondson Ave

FILED ... 19 ... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to May 18 1935

I last saw h&r alive on May 17 1935 Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1- Carcinoma of Stomach	1 yr
Other contributory causes of importance:	
(2)- Secondary Anemia	6 months
(3)- Chronic Bronchitis Pulmonary	2 yrs.
(4)- Chronic Pulmonary	2 yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Earl Le Roy Chambers M. D.

(Address) 7804 Liberty Hts Ave

O. B. 1268-9

F 12766

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH South Baltimore General

CITY OF BALTIMORE: (No. Light St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Mrs Katherine Bull

(a) Residence: No. 5605 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Dec 8 1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	6	11	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc
9. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

10. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel Shelton

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Katherine M. McFarland

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Mrs H A Rebel

(Address) 5600 Park Heights Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date May 22 1930

UNDERTAKER Chas E Franck

(Address) 1837 Madison Ave

FILED ... 19 ... Registrar.

MAY 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1930

22. I HEREBY CERTIFY, That I attended deceased from May 8 1930 to May 19 1930

I last saw h-e alive on May 17 1930 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Failure	

Other contributory causes of importance:

Chronic Nephritis
Arteriosclerosis C.V. disease

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. W. Gastell M. D.

(Address) South Baltimore General

H. D. 1268-9

F 12767

12767 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5617 Purdue ave St., 27 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Grant Stanley Mackiewicz

(a) Residence: No. 5617 Purdue Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Nov 1, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0655

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beaver Valley Pennsylvania

13. NAME Daniel Mackiewicz

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Albina Tomaszewski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. S. Mackiewicz

(Address) 572 S Broadway

18. BURIAL, CREMATION, OR REMOVAL Hazleton Pa Date May 23 1935

19. UNDERTAKER Raymond B Grontkowski

(Address) W. Hazleton Pa

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 14 1935 to May 20 1935

I last saw him alive on May 17 1935. Death is said to have occurred on the date stated above, at 345 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Plenty 1926
Other contributory causes of importance:	T B bad down 1929

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. G. Bridges M. D.

(Address) Hillen Rd Towson Md

B 1268-9

F 12768

HEALTH DEPARTMENT—CITY OF BALTIMORE

12768

CERTIFICATE OF DEATH

97

Registered No.

PLACE OF DEATH

Y OF BALTIMORE: (No. 1445 Patapsco St. St. 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred 82 yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Easter.

(a) Residence: No. 1445 Patapsco St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Widower.

(XXXXX widowed, of XXXXX HUSBAND of Carrie Easter.

ATE OF BIRTH (month, day, year) October 1852

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7		

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman. 062

. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Baltimore, Md.

3. NAME John Easter.

4. BIRTHPLACE (city or town) (State or country) Germany.

5. MAIDEN NAME Do not know.

6. BIRTHPLACE (city or town) (State or country) Do not know.

NFORMANT Norman Stanley Easter.

(Address) Passadena, Md. (grandson)

URIAL, CREMATION, OR REMOVAL

Place Locust Hill Date May 21, 1935

NDERTAKER Lee Funeral Co.

(Address) 130 E. Fort Ave.

ILED, 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 1.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

5/20/35 (Address) 1017 E. Charles St.

F 12769

D. B. 126 F 12769

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 82-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) United States Marine Hospital, St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Benjamin S. Warren

(a) Residence: No. 17 East Taylor Street St., Ward. Chevy Chase, Maryland.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

If married, widowed, or divorced
WIFE of (or) HUSBAND of Lea Ella Underwood Warren

6. DATE OF BIRTH (month, day, year) November 9, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	6	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. District Director,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Health Service
10. Date deceased last worked at this occupation (month and year) -
11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Clayton Alabama
13. NAME Monroe Warren
14. BIRTHPLACE (city or town) (State or country) - Georgia
15. MAIDEN NAME Mary Frances Lawson
16. BIRTHPLACE (city or town) (State or country) - Georgia
17. INFORMANT U.S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date 5/21, 1935
19. UNDERTAKER Jos. Gawler's Sons
(Address) Washington, D. C.

FILED MAY 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 19, 1935.
I last saw him alive on May 19, 1935. Death is said to have occurred on the date stated above, at 7:12p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis, right, middle, cerebral	8 days ago
Hemiplegia, left, apoplectic	"
Pneumonia, hypostatic	4 day

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

E. S. Ceder, M. D.
(Signed)
(Address) U.S. Marine Hospital, Balto. Md.

D. B. 1368-9

F 12770

2770 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 108

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp. St., 17 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Woolford

(a) Residence: No 2518 Oak St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Amelia Woolford

6. DATE OF BIRTH (month, day, year) Sept 29. 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Eugene Woolford

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Emma Young

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Amelia Woolford
(Address) Same 2518 Oak

BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cem Date May 20 1935

UNDERTAKER Samuel N. Oliver & Son
(Address) 632 N. Fulton

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) S 17 , 19 35.

22. I HEREBY CERTIFY, That I attended deceased from S 14 , 19 35 , to S 17 , 19 35.

I last saw h— alive on S 17 , 19 35 Death is said to have occurred on the date stated above, at 1 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bilateral Lobar Pneumonia	S 13 35
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Sat Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Blake Compton M. D.

(Address) Provident Hospital

D. B. 1268-9

F 12771

2771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Quarels

(a) Residence: No. 2019 Eltinge St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5-17-35

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NKD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Glenn Sills

14. BIRTHPLACE (city or town) (State or country) Fredericksburg Va

15. MAIDEN NAME Marie Quarels

16. BIRTHPLACE (city or town) (State or country) Essex County, Va

INFORMANT Marie Quarels
(Address) (Same)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 20 1935

UNDERTAKER
(Address)

FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17 19 35

22. I HEREBY CERTIFY, That I attended deceased from 5-17 19 35 to 5-17 19 35

I last saw him alive on 5-17 19 35 Death is said to have occurred on the date stated above, at 5:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematue	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Whitcomb M. D.

(Address) Provident Hosp

B 1268-9

F 12772

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12772

CERTIFICATE OF DEATH

160-B

Registered No. .....

PLACE OF DEATH

Y OF BALTIMORE: (No. Franklin Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Few Minutes

FULL NAME Delschner

(a) Residence: No. 5613 Plymoth Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Baby

married, widowed, or divorced
HUSBAND of
(or) WIFE of

May 18 35

TE OF BIRTH (month, day, year)

GE Years	Months	Days	If LESS than 1 day hrs. or 10 min.
		Few Minutes	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby Infant

Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 10 Min

IRTHPLACE (city or town) (State or country) Baltimore Md.

3. NAME Ernest Delschner

4. BIRTHPLACE (city or town) (State or country)

5. MAIDEN NAME

6. BIRTHPLACE (city or town) (State or country)

NFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Interred of Md Date May 20. 1935

NDERTAKER
(Address)

LED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Few Minutes May 18 , 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on Inquirey , 19 . Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Strangulation in utero,
by a knot tied in umbilical
cord, but did not strangulate
until at the birth of child

Other contributory causes of importance:

Probable a mechanical accident
in utero.

Name of operation ..... Date of .....

What test confirmed diagnosis Borned alive Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident in utero. Date of injury ..... 19 .....

Where did injury occur? Franklin Square Hosp.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In uterus of mother

Manner of injury A knot in umbilical cord.

Nature of injury Strangulation,

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify

(Signed) T. S. H. Phillips , M. D. Coroner

(Address) 1939 Edmondson Ave.

THE MORNING SUN

F 12773

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12773

CERTIFICATE OF DEATH

XV/166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Found floating at

Y OF BALTIMORE: (No. Pier 5 Light St. St., 22 Ward)

th of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Clarence E. Bruce.

(a) Residence: No. Whitley City Ky. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
e	White	Married

married, w[illegible]
HUSBAND of Lillian Bruce.

TE OF BIRTH (month, day, year) August 18, 1897

E Years	Months	Days	If LESS than 1 day, hrs. or min.
38	----	-----	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Advertising.

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Whitley City Ky.

NAME James Bruce.

BIRTHPLACE (city or town) (State or country) Kentucky.

MAIDEN NAME Mary E. Morgan.

BIRTHPLACE (city or town) (State or country) Kentucky.

NFORMANT Lillian Bruce. (wife)

(Address) Cockeysville, Md.

URIAL, CREMATION, OR REMOVAL Interior Nat Cemetery May 21 1935

NDERTAKER H. C. Brooks

(Address) Towson Md

1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing May 12 Found May 18, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by drowning.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Enquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Missing 5/12 Date of injury ..... 19...

Where did injury occur? Pier 5 Light St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Suicide

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Otto M. Reinhardt, M. D. Coroner

5/20/35 (Address) 1017 E. Charles St.

B 1268-9

F 12774

HEALTH DEPARTMENT—CITY OF BALTIMORE

2774

CERTIFICATE OF DEATH

142-B

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Y OF BALTIMORE: (No. Balto City Hospitals St., 1 Ward)

th of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Nellie Hagan Dunphy

(a) Residence: No. 225 S. Chester St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

married, widowed, or divorced HUSBAND of (or) WIFE of Lester G. Dunphy

TE OF BIRTH (month, day, year) July 9 1898

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
36	10	8	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

IRTHPLACE (city or town) (State or country) Baltimore Md.

. NAME Peter J. Hagan

. BIRTHPLACE (city or town) (State or country) Balto Md.

. MAIDEN NAME Mary Dowd

. BIRTHPLACE (city or town) (State or country) Balto Md.

NFORMANT Mary Dowd

(Address) 225 S. Chester St

URIAL, CREMATION, OR REMOVAL

Place Fun Cathedral Cem 5/20/ 1935

NDERTAKER J. Leo E. Barton

(Address) 3600 E. Baltimore

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock from internal hemorrhage	10 days

Other contributory causes of importance:

probably extra uterine pregnancy

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Wright Coroner, M. D.

(Address) 1610 S. Edmondson Ave.

D. B. 1268-9

F 12775

2775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH 702 N. Curley St.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Frances Hejduk

(a) Residence: No. 702 N. Curley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W	married

If married, widowed, or divorced WIFE of (or) HUSBAND of Anton Hejduk

6. DATE OF BIRTH (month, day, year) Sept. 20, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) present

11. Total time (years) spent in this occupation 37 yrs.

BIRTHPLACE (city or town) Balto.
(State or country) Md.

13. NAME Josepha Holan

14. BIRTHPLACE (city or town) Czecho Slovakia
(State or country)

15. MAIDEN NAME Josefina Schillack

16. BIRTHPLACE (city or town) Czecho Slovakia
(State or country)

INFORMANT Anton Hejduk

(Address) 702 N. Curley St

BURIAL, CREMATION, OR REMOVAL

Place Auto Hill Date May 22, 1935

UNDERTAKER Frank Creech & Son

(Address) 806 Aisquith St

FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1935, to 5/19, 1935

I last saw her alive on May 18, 1935. Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
11 a chr. interstitial nephritis	1932
11 b acute pulmonary edema	5/19/35
15 d acute cardiac dilatation	5/18/35
13 a cerebral hemorrhage	5/17/35
10 b hypertension	1932

Other contributory causes of importance:

11 c gastric ulcer	1934

Name of operation None Date of .....

What test confirmed diagnosis? clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. C. Tobias, M. D.

(Address) 447 N. Kenwood Ave

D. F. 1268-9

F 12776

2776 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ x 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St., (Ward)

Length of residence in city or town where death occurred yrs. mos 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Block

(a) Residence: No. Pasadenia md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

If married, widowed or divorced WIFE of (or) HUSBAND of John Block

6. DATE OF BIRTH (month, day, year) May 2nd 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47		17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 803

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michael Kutz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Josphine ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Black

(Address) Pasadinia md

18. BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Date 5/23/35 19

19. UNDERTAKER Frederick A Cole

(Address) 1200 W Lombard St

FILED 5/23/35 [illegible] Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1-35 19 . to 5-18- . 19 35

I last saw her alive on 5-18- . 1935. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma duodenum	34 (?)
Diabetes Mellitus	3013
Other contributory causes of importance:	
Intestinal obstruction	5-03

Name of operation Post gastro enterostomy Date of 4 14

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H.C Hull . M. D.

(Address) University Hospital

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

Y OF BALTIMORE: (No. 845 N. Montford Ave St., 7 Ward)

th of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Josephine Kanton

(a) Residence: No. 845 N. Montford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Married

married, widowed, or divorced
(or) WIFE of Frank Kanton

TE OF BIRTH (month, day, year) Unknown

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Austria

. NAME Joseph Blazek

. BIRTHPLACE (city or town) (State or country) Austria

. MAIDEN NAME Clara Spanar

. BIRTHPLACE (city or town) (State or country) Austria

NFORMANT Mr. Frank Kanton

(Address) 845 N. Montford Ave.

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemy Date May 23 1935

NDERTAKER Henry Abert, Und. Sec

(Address) 1301 E. Eager St

1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypertrophic Arthritis of Spine	
11 Hypertension	5 years
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

D. P. 1268-9

F 12778

2778

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 1027 Somerset St. 10 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frank J. Augustine

(a) Residence: No. 1027 Somerset St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 3rd 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	43	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto. Mechanic 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Chas Augustine

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mollie Donohue

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT (Address) Mrs. Charles J. Shultz 2703 Halcyon Ave

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 23rd 1935

UNDERTAKER Henry Hock & Sons, Inc
(Address) 301 E. Baltimore St.

FILED May 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-26-34 to 5-20-35 1935

I last saw h/m alive on 5-20-35 1935 Death is said to have occurred on the date stated above, at 5-6 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	4
Pulmonary Hemorrhage	1 day.

Other contributory causes of importance:

Chronic Alcoholism	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Joseph J. Blum M. D.

(Address) 1206 E. Preston St

D. P. 1268-9

✓ F 12779

2779) # HEALTH DEPARTMENT—CITY OF BALTIMORE

93-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 Grantley St. 16 Ward)

Length of residence in city or town where death occurred 86 yrs. 7 mos. 14 ds. How long in U. S. If of foreign birth, yrs. mos. ds.

2. FULL NAME Philomena C. Rutledge

(a) Residence: No. 710 Grantley St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo Rutledge

6. DATE OF BIRTH (month, day, year) Oct 5th 1848

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Joseph Minnick

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Lehning

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary A. Rutledge

(Address) 710 Grantley St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cemetery Date May 22nd 1935

19. UNDERTAKER Henry Hoeck Sons, Inc.

(Address) 1301 E. Eager St.

20. FILED 1935 Harrington Wilcox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Jany 9 1935 to May 19 1935

I last saw her alive on May 18 1935 Death is said to have occurred on the date stated above, at 4.10 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	5/1/35

Other contributory causes of importance:

Arterio-Sclerosis	Unknown

Name of operation ✓ Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. A. O'Neill, M. D.

(Address) 108 N Fulton Ave

M. D. B. 1268-9 G 12780 ✓ G 12780

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1932 93c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3021 W. Garrison Ave St., 27 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Lavinia Houck

(a) Residence: No. 3021 W Garrison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas H. Houck

6. DATE OF BIRTH (month, day, year): Sept 21 1862

7. AGE: Years 72 | Months 8 | Days 1 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): Carroll Co

13. NAME: George H. Keller

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Comfort Tracey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Mabel H Watts

(Address) 3021 W. Garrison Ave Baltimore

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Date May 24, 1932

19. UNDERTAKER: J. F. Cline & Sons

(Address) Westminster Md

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 21, 1932 to May 22, 1932

I last saw h[illegible] alive on May 21, 1932 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1928

Other contributory causes of importance:

Cerebral Hemorrhage	1932

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. E. Nichols, M. D.

(Address) Pikesville Md.

Spec.—1-10-21—M&T—1500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12781

12781

CERTIFICATE OF DEATH.

108

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 346 East 25th St. (or) 17 WARD)

2-FULL NAME Louisa Lee Mar Snyder

(a) RESIDENCE NO. 346 East 25th St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Married

6a If married, widowed, or divorced (or) WIFE of: James L. Snyder

6b DATE OF BIRTH (month, day, and year): March 1863

7 AGE: Years 72; Months 2; Days 7; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of Industry, business, or establishment in which employed (or employer): Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: William Thomas Young

11 BIRTHPLACE OF FATHER (city or town) (State or country): Baltimore Md.

12 MAIDEN NAME OF MOTHER: Elizabeth Fletcher

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md.

14 Informant: James L. Snyder (Address) 346 East 25th St.

15 Filed May 19, 1935 Registrar: Arlington Williams

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 18, 1935

17 I HEREBY CERTIFY, That I attended deceased from April 28, 1935 to May 18, 1935, that I last saw h[illegible] alive on May 18, 1935, and that death occurred, on the date stated above, at 4.50 P m.

The CAUSE OF DEATH* was as follows:

Chronic Endocarditis

(duration) 1 yrs. 6 mos do.

CONTRIBUTORY (Secondary): Lobar Pneumonia

(duration) — yrs. — mos. 20 do.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical History

(Signed) H. L. Pickard, M. D.

(Address) 1201 St. Paul St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mountain Park — DATE OF BURIAL: May 21st 1935

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul St

D. B 1263-9

✓ F 12782

HEALTH DEPARTMENT—CITY OF BALTIMORE

12782

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Sinai Hospital St., 76 Ward)

gth of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

FULL NAME Ignatz Hilfler

(a) Residence: No. 827 S Conkling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	W	Widower.

If married, widowed, or divorced WIFE of Late Margaret Hilfler

DATE OF BIRTH (month, day, year) Nov. 11-1854

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	6	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Jew

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Anton Hilfler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Andrew J. Hilfler (son)

(Address) 827 S. Conkling St.

BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 21- 1935

UNDERTAKER Selby & Zeiler Inc

(Address) 403 W Baltimore St

FILED ..... 19..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 . 1935 to May 17 . 1935

I last saw h.m alive on May 17 . 1935. Death is said to have occurred on the date stated above, at 6.05 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & arteriosclerotic heart disease	2-3 years
Benign prostatic hypertrophy	1-2 years
Uremia	4-5 days

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. Sondheim, M. D.

(Address) Sinai Hospital

✓ F 12783

12783 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 S. Broadway Ward)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank C. Bressler

If U. S. Veteran specify WAR .....

(a) Residence: No. 125 S. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma A Gehring

7. DATE OF BIRTH (month, day, year) Sept. 15, 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Doctor

10. Date deceased last worked at this occupation (month and year) October 1934

11. Total time (years) spent in this occupation 60 yrs

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

13. NAME Frank Bressler

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Dr Chas. D. Kerr

(Address) 408 S Pat Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date May 21 1935

19. UNDERTAKER Tilly & Zeiler Bros.

(Address) 7331 Wolfe Baltimore

20. FILED ..... by ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to May 18 1935

I last saw him alive on May 18 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4 days
Other contributory causes of importance: Valvular Dis Heart	2 yrs

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. D. Kerr M. D.

(Address) 408 S Pat Park Ave

D. B. 1268-9

✓ F 12784

12784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

128

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 9 Ward)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Marie Jos Reutelen

(a) Residence: No. 1601 E. 29th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Victor Jos Reutelen

6. DATE OF BIRTH (month, day, year): 7-23-93

7. AGE: Years 41; Months 9; Days 25; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

12. NAME: August Ludorf

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Rosella Herbert

16. BIRTHPLACE (city or town) (State or country): Germany

INFORMANT: Victor Von Reutelen

(Address) 1601 29th

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 21, 1935

UNDERTAKER: Leo Zeter Co

(Address) 1403 E. Baltimore St.

FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-18-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-13-35, 19, to 5-18-35, 19

I last saw her alive on 5-18-35, 19 Death is said to have occurred on the date stated above, at 4 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pancreatitis	
Other contributory causes of importance:	
Cholangitis	

Name of operation Cholecystectomy Date of 5-14-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert Gleason, M. D.

(Address) Bon Secours Hosp.

F 12785

F 12785

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

J X 51-C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. St. 19 WARD)

REGISTERED No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Harry Elliott

(a) RESIDENCE NO. Cabett Md ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Eva Elliott

DATE OF BIRTH (month, day, and year) March 3, 1876

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	2	17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Coal & Feed Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Manheim, Md.

10 NAME OF FATHER Abel Elliott

11 BIRTHPLACE OF FATHER (city or town) Manheim

(State or country) Balto Co., Md.

12 MAIDEN NAME OF MOTHER Mary Bacon

13 BIRTHPLACE OF MOTHER (city or town) Manheim

(State or country) Balto Co., Md.

Informant Dr. C. Spencer

(Address) U. of Md. Hosp. Baltimore

Filed May 21 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20, 1935

17

I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to May 20, 1935

that I last saw h[illegible] alive on May 20, 1935

and that death occurred, on the date stated above, at 5:30 P m.

The CAUSE OF DEATH* was as follows:

Lymphosarcoma

(duration) ? yrs. mos. ds.

CONTRIBUTORY (Secondary) Myocarditis insufficiency

(duration) ? yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of —

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J. Ener Mosher M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Manheim, Md. DATE OF BURIAL May 1935

20 UNDERTAKER Wm. C. Burkhart ADDRESS [illegible]

D. P. 1266-b F 12786

F 12786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Prov Prov Hosp St., 1st Ward)

Length of residence in city or town where death occurred 6 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles B. Johnson

(a) Residence: No. 1927 Pennsylvania Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married - Separated

If married, widowed, or divorced: HUSBAND of (or) WIFE of Carrie Johnson

6. DATE OF BIRTH (month, day, year) Aug 10 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	9	8	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pl Co

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country): Florida

12. NAME Eddie Johnson

13. BIRTHPLACE (city or town) (State or country): Florida.

14. MAIDEN NAME mary mitchner

15. BIRTHPLACE (city or town) (State or country): Florida

16. INFORMANT Husband Johnson
(Address) 1927 Penna Ave.

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 5/31, 1935

18. UNDERTAKER Thomas E. Nelson
(Address) 1303 Preastman St.

19. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19, 1935, to 5-18, 1935

I last saw him alive on 5-18, 1935. Death is said to have occurred on the date stated above, at 10:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lymphatic Leukemia	[illegible]

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) P. Hare M. D.

(Address) 1207 Cathedral St

F 12787

D. B. 1268-0

F 12787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1510—14 N. Gilmor St., 10 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Isaac Tinson

(a) Residence: No. 1436 E. Madison St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Widower

If married, widowed, or divorced
HUSBAND of (~~or wife~~) Jennie Tinson

DATE OF BIRTH (month, day, year) 3/24/1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	80	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co., Maryland

13. NAME Isaac Tinson

14. BIRTHPLACE (city or town) (State or country) Harford Co., Maryland

15. MAIDEN NAME Charlotte Stewart

16. BIRTHPLACE (city or town) (State or country) Harford Co., Maryland

INFORMANT Patient
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date May 21, 1935

UNDERTAKER John W. Henderson
(Address) 1301 E. Monument St

FILED May 21 1935 Hunting for Health Commissioner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/15, 1935, to 5/18, 1935.

I last saw h. alive on 5/18, 1935. Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	2yrs
Other contributory causes of importance: senility arteriosclerosis nephritis	Indefinite

Name of operation. None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carson C. Johnson, M. D.

(Address) 1802 Penna Ave

D. Register No. F 12788 F 12788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 114-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospt (St.) 5 (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Jackson

(a) Residence: No. 1415 E Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male | 4. Color or Race black | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-24 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	26	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? do

10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

9. BIRTHPLACE (city or town) (State or country) (?) N. Car.

13. NAME Caswell Jackson

14. BIRTHPLACE (city or town) (State or country) (?) N. C.

15. MAIDEN NAME Emma Watkins

16. BIRTHPLACE (city or town) (State or country) (?) N. C.

17. INFORMANT Balto. City Hospt

(Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place Antioch Date May 22 1935

19. UNDERTAKER John E. Henderson

(Address) 1502 E Monument St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1935 to 5-19, 1935

I last saw h live on 5-18, 1935 Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung abscess, right	
Empyema, right	?
Mod- tuberculosis	

Other contributory causes of importance:

Secondary anemia

Marasmus

Name of operation Thoracotomy Date of 5-15-35

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Samuel H. Good M. D.

(Address) Balto City Hospitals

F 12789

H. D. B. 1203-0

F 12789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1821 Lorman St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie Wekon

(a) Residence: No. 1821 Lorman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edw. Wekon

DATE OF BIRTH (month, day, year) Mar 28-1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	39	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year) Charles Co Md

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wm J. Thomas

13. NAME Charles Co Md

14. BIRTHPLACE (city or town) (State or country) Alice Hawkins

15. MAIDEN NAME Charles Co Md

16. BIRTHPLACE (city or town) (State or country) Edw Wilson

17. INFORMANT 1821 Lorman

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem May 21st 1935

Place

19. UNDERTAKER Archibald & Gaddes

(Address) 2101 E Fulton St.

20. FILED MAY 21 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22 1935 to May 17 1935. I last saw her alive on May 16 1935. Death is said to have occurred on the date stated above, at 6.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	April 22nd 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Funk, M. D.

(Address) 1821 Lorman St

D. B 1268-B F 12790

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12790

CERTIFICATE OF DEATH

Registered No. 18

PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hosp) (St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mazie J Parker

(a) Residence: No. 1400 Harlem Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	single

If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) July 5 - 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	10	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Howard Co Md

13. NAME Gassaway Parker

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Pearl Randall

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Pearl Parker

(Address) 1400 Harlem Ave

BURIAL, CREMATION, OR REMOVAL

Place Bushy Pt Howard Co Md Date May 23, 1935

UNDERTAKER Ulen Bros

(Address) Ellicott City Md.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 7.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	?

Other contributory causes of importance:

Septicemia	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

D. B. 1268-0 F 12791

F 12791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmor St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME William Carter

(a) Residence: No. 633 S. Charles St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1875

AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 10 21
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Georgia

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rosetta Lindner

16. BIRTHPLACE (city or town) (State or country) Georgia

INFORMANT Lucas
(Address) Good Shepherd Hosp

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 21 1935

UNDERTAKER Thomas E. Kelson
(Address) 1303 Baltimore St

FILED May 21 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-17-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1935 to 5-17-1935

I last saw him alive on 5-16-1935 Death is said to have occurred on the date stated above, at 3.35 a.m.

The principal cause of death and related causes of importance were as follows: Date of onset

Carcinoma of Stomach
Secondary Carcinoma of liver.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Marshall M. D.

(Address) 1838 Druid Hill Ave

F 12792

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No. F 12792

PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ?yrs. mos. 4 ds. How long in U. S. If of foreign birth ?yrs. mos. ds.

FULL NAME Lawrey D. Peltz

(a) Residence: No. 220 D. St. St., Ward Sparrows Point, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) S. Elizabeth Peltz

DATE OF BIRTH (month, day, year) January 27, 1880

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	3	20 21	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operator 0086

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co Boiler Room

8. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Ohio

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

INFORMANT Mrs. S. Elizabeth Peltz

(Address) 220 D. St. Sparrows Point, Md.

BURIAL, CREMATION, OR REMOVAL

Place National Cem Date May 22. 1935

UNDERTAKER John F. Denny

(Address) 715 Light St

FILED MAY 23 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	4 days
Other contributory causes of importance:	
Heart Failure	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenthen, M. D. Coroner

(Address) 1919 E. North Ave.

B 1268-0

F 12793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12793

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 E. Madison St., 10 Ward)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Edward Bedford

(a) Residence: No. 1319 E. Madison St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Matilda Bedford

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) Eastern Shore
(State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT Mrs. Matilda Bedford
(Address) 1319 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel cemetery Date May 22 1935

19. UNDERTAKER Edw Bynon
(Address) Washington Avenue

FILED MAY 21 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inguinal Hernia - Left complete	15 years
Other contributory causes of importance:	
Strangulation with intestinal obstruction	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

—8-16-29—L. F. S.—100 Bks.

F 12794

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12794

CERTIFICATE OF DEATH

87-B

REGISTERED NO.

1—PLACE OF DEATH Balto Md

CITY OF BALTIMORE: (No. 3604 Mohawk ST. 26 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Henry Whitman Huntzberger

(a) RESIDENCE NO. 3604 Mohawk ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	W	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Nora Huntzberger

DATE OF BIRTH (month, day, and year) 1/11/1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	11	10

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Elizabethtown Pa

10 NAME OF FATHER Isaac Huntzberger

11 BIRTHPLACE OF FATHER (city or town) (State or country) Elizabethtown Pa.

12 MAIDEN NAME OF MOTHER Elizabeth Witmer

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Elizabethtown Pa

Informant Carrie Farmer Daughter

(Address) 3604 Mohawk St

Filed ..... 19 ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5/21/35

17 I HEREBY CERTIFY, That I attended deceased from 5/14, 1935, to 5/20, 1935, that I last saw h im alive on 5/20, 1935 and that death occurred, on the date stated above, at 1.45 A.m.

The CAUSE OF DEATH* was as follows:

Carcinoma Gingivae

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Le Roy Yolenick, M. D.

5/21, 1935 (Address) 4710 Liberty Hts Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Brightonville Pa.

DATE OF BURIAL May 23 1935

ADDRESS

20 UNDERTAKER Harry N Armacost & Son 4204 Reisterstown Rd.

F 12795

H. P. 1268-9

99411 12795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No.

PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 6 St., Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ella Bart

(a) Residence: No. 101 11 Callington av Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 25-24

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11	3	2570	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ord
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md

13. NAME Benjamin Bart

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Lillian Kraft

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL Workmen's Little Cemetery May 21 1935
Date

UNDERTAKER Sol Levinson & Bro
(Address) 1127 E Balto St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to May 20, 1935

I last saw her alive on 5-20, 1935 Death is said to have occurred on the date stated above, at 647 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcus meningitis	5-17?
Pneumococcus bacteriemia	5-17?

Other contributory causes of importance:

Chronic otitis media	5-?

Name of operation Date of

What test confirmed diagnosis? Lumbar Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carmichael Lockhart M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

F 12796

HEALTH DEPARTMENT—CITY OF BALTIMORE

12796

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Francis J Willes

(a) Residence: No. 525 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	Widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of George

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Shepard

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs. Bertha Brooks

(Address) 1419 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 5/22/35 19

19. UNDERTAKER Mrs. Lizzie H. Holland

(Address) 1237 Druid Hill Ave

Huntington Baltimore, Md.

FILED 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19 19 35

22. I HEREBY CERTIFY, That I attended deceased from 5-16 19 35 to 5-19 19 35

I last saw him alive on 5-19 19 35. Death is said to have occurred on the date stated above, at 10 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	Past two years

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte, M. D.

(Address) Provident Hosp.

M. D. B. 1268-4

F 12797

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12797

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1116 - Myrtle ave 17 Ward)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME John Thomas Durbin

(a) Residence: No. 1116 - Myrtle ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: colored

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Maude Tate Durbin

6. DATE OF BIRTH (month, day, year): august 30, 1880

7. AGE: Years 54 — Months 8 — Days 20 — If LESS than 1 day, hrs. — or — min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Hotel

10. Date deceased last worked at this occupation (month and year): 5.1.35

11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (city or town) (State or country): Havre De Grace Md

13. NAME: Thomas Durbin

14. BIRTHPLACE (city or town) (State or country): Havre De Grace Md

15. MAIDEN NAME: Rebecca French

16. BIRTHPLACE (city or town) (State or country): Havre De Grace Md.

17. INFORMANT: Maude Durbin
(Address) 1116 - Myrtle ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Havre De Grace Md Date 5/23/35

19. UNDERTAKER: Mrs. Grace E. Holland
(Address) 162 David Ridge Ave Havre De Grace Md

20. FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year): 5.19.35

22. I HEREBY CERTIFY, That I attended deceased from 5.1.35 to 5.19.35

I last saw h[illegible] alive on 5.19.35. Death is said to have occurred on the date stated above, at 9:55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5.8.35
La grippe	5.1.35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) James M. Parr M. D.

(Address) 865 N. Lexington St.

c.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12798

F 12798

CERTIFICATE OF DEATH

131

REGISTERED NO.

1—PLACE OF DEATH

TY OF BALTIMORE: (No. 1737 Mt Calvert ST., 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Cornelia Edmunds

(a) RESIDENCE NO. 1729 Mc Culloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

gth of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
[illegible]	Colored	Widow

f married, widowed, or divorced HUSBAND of (or) WIFE of Arthur J

ATE OF BIRTH (month, day, and year) Feb 11, 1863

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	3	

CUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) 6037

(c) Name of employer

IRTHPLACE (city or town) Charles Co. Md

State or country)

NAME OF FATHER John Berry

1 BIRTHPLACE OF FATHER (city or town) Charles Co. Md

(State or country)

2 MAIDEN NAME OF MOTHER Mary Jane Milstead

3 BIRTHPLACE OF MOTHER (city or town) Charles Co. Md

(State or country)

Informant Mrs Annie Berry

(Address) 1729 Mc Culloh

Filed 1935, 19 Huntington Williams, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 19, 1935

17

I HEREBY CERTIFY, That I attended deceased from March, 19 1935 to May 19, 1935, that I last saw h[illegible] alive on May 19, 1935 and that death occurred, on the date stated above, at 10 15 p m.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Renal Disease

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary) Anemia

(duration) yrs. mos. 3 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Urine, blood Chemistry & Clinical

(Signed) George McDonald, M. D.

, 19 (Address) 844 N Carey St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn

DATE OF BURIAL May 22nd 1935 19

20 UNDERTAKER Mc Gaw & Holland

ADDRESS 1837 Druid Hill Ave

D. B 1263-9

George W. Fresco

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12795 ✓ 93-E 12799

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1110 Carleton St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W Fresco

(a) Residence: No. 794 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day.... hrs. or min.
59			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Marshall
(Address) 2120 Barclay St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date May 22 1935

19. UNDERTAKER Wm Geo W. Hall & Son
(Address) 1631 Eutaw St

FILED MAY 21 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-19, 1935 to 5-19, 1935

I last saw he alive on 5-19, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	5/19/33

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. L. Allen Coroner, M. D.

(Address) 10 E Lexington St

F 12800

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12800

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 550 W Lanvale St. 17 Ward)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucinda Carter

(a) Residence: No. 550 W Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Presley L. Carter

DATE OF BIRTH (month, day, year) December 11-1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) Jan 3-1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co Warsaw Va

13. NAME Daniel Lewis

14. BIRTHPLACE (city or town) (State or country) Richmond Co Warsaw Va

15. MAIDEN NAME Emily Mackubbin

16. BIRTHPLACE (city or town) (State or country) Warsaw Richmond Co. Va

INFORMANT Presley L. Carter

(Address) 550 W Lanvale

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 22 1935

UNDERTAKER Wm. Geo. H. Holland

(Address) 1681 Druid Hill Ave

FILED . 19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 1935

22. I HEREBY CERTIFY, That I attended deceased from January 21. 1935 to May 17 1935

I last saw her alive on May 16 1935 Death is said to have occurred on the date stated above, at 10.22 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Jan 28. 1935
Other contributory causes of importance: Interstitial Nephritis	July 1934

Name of operation None Date of

What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. H. Wright M. D.

(Address) 1209 Presstman St

N.D

F 12801

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12801

CERTIFICATE OF DEATH

95-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4923 Eastern ave St. 26 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Rosalia Bellanti Boccuti

(a) Residence: No. 4923 Eastern ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Antonio Boccuti

DATE OF BIRTH (month, day, year) Nov 29, 1875

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61 54	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Antonio Bellanti

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucia Ramondo

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Oscar Boccuti

(Address) 4921 Eastern ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date Nov 22 1935

19. UNDERTAKER Frank V. Polifrone

(Address) 2110 E. Baltimore St.

Huntington Pallbearers

1935 ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935 to May 19, 1935

I last saw h.. alive on 5/19, 1935 Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio vascular Disease	?

Other contributory causes of importance:

Acute apoplexy	5/19/35

Name of operation — Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Luther E. Little, M. D.

(Address) 928 N. Charles St.

F 12802

D. P. 1703-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12802 — 93-C — Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2531 E. Madison St., 1 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME John J. Cayley

(a) Residence: No. 2531 E. Madison St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Marie Cayley

DATE OF BIRTH (month, day, year) Jan 7, 1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	4	12	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pr. 0086

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Lower Austria

13. NAME John Cayley

14. BIRTHPLACE (city or town) (State or country) Lower Slovakia

15. MAIDEN NAME Lenny Kaiser

16. BIRTHPLACE (city or town) (State or country) Lower Slovakia

INFORMANT Marie Cayley

(Address) 2531 E. Madison St

17. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 23 1935

18. UNDERTAKER Frank Brach & Son

(Address) 1901 Eastern Ave

FILED MAY 23 1935 Huntington Pollitt, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1934 to May 19, 1935

I last saw him alive on May 19, 1935 Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	9/1/34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) William J. Rosario M. D.

(Address) 801 S. Kenwood Ave

D. P. 1268-9

12803 HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12803

CERTIFICATE OF DEATH

1121

Registered No. .....

1. PLACE OF DEATH — Sinai Hospital

CITY OF BALTIMORE: (No. Monument St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Rybarczyk (Mikulski)

(a) Residence: No. 219 S. Collington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) January 5th/1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	4	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (((((

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Thomas Mikulski

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Tinnie Rybarczyk

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Tinnie Rybarczyk, (Mother)

(Address) 219 S. Collington Ave

BURIAL, CREMATION, OR REMOVAL Place St, Stanislaus Cem. Date May 22nd/35

UNDERTAKER George A. Mehl

(Address) 703 E. Fayette St.

FILED MAY 21 1935 19... [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to May 20 1935

I last saw her alive on May 20 1935 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset .....

Ruptured Appendix — Date of onset .....

with Pus in Peritoneal Cavity — Date of onset .....

Patient died on Operating Table — Date of onset .....

Other contributory causes of importance: — Date of onset .....

Name of operation Appendectomy & Drainage Date of operation May 20th

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Cohen M. D.

(Address) Sinai Hospital N.Y.

F 12804

D. P. 1248-9

12804 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyndenbaum Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice Boyd

(a) Residence: No. 418 N. Central Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Colored	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 1901

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Warren Boyd

14. BIRTHPLACE (city or town) (State or country) U. S.

15. MAIDEN NAME Martha Leathers.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Martha Boyd

(Address) 418 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 21, 1935

19. UNDERTAKER Joseph H. Locke Jr.

(Address) 1102 Jefferson St. Baltimore Md.

FILED MAY 21 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to May 18, 1935

I last saw her alive on May 18, 1935 Death is said to have occurred on the date stated above, at 5.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus Meningitis	5/17/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Samuel E. Bogorad M. D.

(Address) Lyndenbaum Hospital

D. P. 1268-9

7. 12805

12805 HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Gen. Hospital

CITY OF BALTIMORE: (No. 1510-14 Fitmore St., 14 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Foster

(a) Residence: No. 555 Mosher St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Emma Foster

DATE OF BIRTH (month, day, year) 1/15/1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
65	65	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Daniel Foster

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

15. MAIDEN NAME Emma Stanley

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Maryland

INFORMANT William Foster

(Address) 555 Mosher Street

BURIAL, CREMATION, OR REMOVAL

Place John Wesley Cem. Date May 26. 1935

UNDERTAKER Joseph A. Lively

(Address) 434 N. Gilmor Street.

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1935 to 5/20, 1935

I last saw him alive on 5/20/35, 19... Death is said to have occurred on the date stated above, at 8.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1 yr

Other contributory causes of importance:

Name of operation Gastro-enterostomy Date of 4/17/35

What test confirmed diagnosis? Curler Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Carsen C. Johnson, M. D.

(Address) 1802 Penna Ave

D. B. 1265-0

F 12806

2806

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 1348 Cambria St., ~~25~~ 5 Ward)

Length of residence in city or town where death occurred ..... yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lydia Jester

(a) Residence: No. Cecil Co St. Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed

6. If married, widowed, or ~~divorced~~ HUSBAND of (or) WIFE of Nathan Jester

DATE OF BIRTH (month, day, year) Mar. 15-1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	74	2 3	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Martha M Hanson

(Address) 1348 Cambria St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lumbia Cemetery Date May 23rd 35

19. UNDERTAKER Chas R. Effinger and Son

(Address) 1535 Pennsylvania Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 . 1935 to May 20 . 1935

I last saw her alive on May 18 . 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	July 1934

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? —. Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Wm M. Scott M. D.

(Address) 4815 Pennington Ave.

D. F. 1268-9

12807 ✓ F 12807

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. 2 Wilkens Ave Balt St 25 Ward)

Registered No. X 176

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Frank Hawthorne (William Franklin Hawthorne)

(a) Residence: No. 115 Pickham Rd St. Catonsville

(Usual place of abode) Beechfield Park (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Kathleen Hawthorne

DATE OF BIRTH (month, day, year) December 22, 1891

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) May 1935

11. Total time (years) spent in this occupation 15 years

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME N. H. Hawthorne

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Eddie J. Grant

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Hugh Hawthorne

(Address) 1 Broadway, New York

18. BURIAL, CREMATION, OR REMOVAL Place Marion, Va. Date May 22 1935

19. UNDERTAKER Joseph H. Cook

(Address) 1803 W. Baltimore St.

20. FILED May 22 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to May 20, 1935

I last saw him alive on May 20, 1935. Death is said to have occurred on the date stated above, at 9.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Gall Stones	
Cholecystitis,	5/16
Acute Hemorrhagic Pancreatitis	5/18

Other contributory causes of importance:

Name of operation Cholecystotomy Date of 5/18

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Carl G Merpel M. D.

(Address) St Agnes Hosp.

. B 1268-9

12808 F 12808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Franklin Square Hospital) 17 Ward

gth of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds. Life

FULL NAME Joseph L. Schwarzkopf

(a) Residence: No. 318 East Lanvale St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of Single

ATE OF BIRTH (month, day, year) April 2-1877

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
58	I	I7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Sergeant

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

8. Date deceased last worked at this occupation (month and year) 0061

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Baltimore. Maryland.

10. NAME Charles A Schwarzkopf

11. BIRTHPLACE (city or town) (State or country) Germany Germany

12. MAIDEN NAME Veronica M Reise

13. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

14. INFORMANT Mrs Suzanne Fischer

(Address) 3007 Preston St

15. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 22 . 1935

16. UNDERTAKER Towell & Byers.

(Address) 3124 Edmondson Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Inquirey 19 to ..... 19.....

I last saw h..... alive on ....., 19....., Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatic Calculi, with acute attack causing death.	
Other contributory causes of importance:	
Interstitial nephritis,	

Name of operation None Date of .....

What test confirmed diagnosis Jaundice and Colic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Hospital

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Thos H Phillips M. D. Coroner

(Address) 1830 Edmondson

D. B. 1268-9

F 12809

2809) HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2d. Balto. Jan'y 1935 St., ... Ward)

Length of residenre in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Glaeser

(a) Residence: No. 3536 Horton Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 18, 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
—	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Frank Glaeser

14. BIRTHPLACE (city or town) (State or country) Baltimore Balto Md.

15. MAIDEN NAME Angelina Cincopata

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Frank Glaeser
(Address) 3536 Horton Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date May 21, 1935

UNDERTAKER John McWeeney
(Address) 401 S. Chester St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935, to May 20, 1935

I last saw h alive on May 20, 1935. Death is said to have occurred on the date stated above, at 2:00 P. m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) W. H. L. Cuccia, M. D.

(Address) 2d, Balto, Md.

D. B. 1268-9

✓ F 12810

2810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ludwig Henry Schatz.

(a) Residence: No. 800 N. Belnord St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Mary.

DATE OF BIRTH (month, day, year) 2/2/67.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68.	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Candy maker.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Eliz. Colbourer.

16. BIRTHPLACE (city or town) (State or country) Ger.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date May 23 1935

19. UNDERTAKER Henry Street Long Line

(Address) 1201 E. Eager

20. FILED [illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/13 1935 to 5/20 1935

I last saw him alive on 5/20 1935 Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp.

D. B. 1268-9

F 12811

2811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-3

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Coonan

(a) Residence: No. 1223 E. Chase St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 17-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME John H. Coonan

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Catherine Ross

16. BIRTHPLACE (city or town) (State or country) Baltimore

INFORMANT Mrs. Julia Coonan
(Address) 3096 22nd St.

BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Cem. Date May 22 19 35

UNDERTAKER Henry Hoen & Sons, Inc.
(Address) 301 E. Eager St.

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1935

22. I HEREBY CERTIFY, That I attended deceased from April. 1928 to May 20 1935

I last saw h[illegible] alive on May 20 1935 Death is said to have occurred on the date stated above, at 12 01 P.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombus	1 day
Other contributory causes of importance: Arterio Sclerosis.	
Post hemiplegia Dementia	15 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Damian P. Alagia M. D.

(Address) 336 Frederick Ave.

1935

B 1268-9

12812 F 12812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

194-a

PLACE OF DEATH
CITY OF BALTIMORE: (No. en route to Balto City Hospitals St., 76 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 3 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Eddie Lee Bouthner

(a) Residence: No. 3211 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

DATE OF BIRTH (month, day, year) Feb 15 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	4	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant

8. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Edward L. Bouthner

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Anna Jenkins

16. BIRTHPLACE (city or town) (State or country) Balto Md.

INFORMANT Edward L. Bouthner

(Address) 3211 O'Donnell St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 5/20/35 19

UNDERTAKER Philip Hennig Sons

(Address) 2016 E. Eager St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental asphyxia	

Other contributory causes of importance:

swallowed nursing bottle nipple

Name of operation removal of nipple from larynx Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 17 1935

Where did injury occur? 3211 O'Donnell St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at home

Manner of injury choked on rubber nipple

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify bottle fed infant

(Signed) ..... M. D.

(Address) 101 S. Edwood Ave Coroner

D. P. 1268-9

2813

F 12813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 425 S. Chester St. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Apolonia Napierala

(a) Residence: No. 425 S. Chester St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Casimer Napierala

DATE OF BIRTH (month, day, year) Unk.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME Pete Konieczny

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk.

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Pruchniewski

(Address) 509 S. Reppola St.

18. BURIAL, CREMATION, OR REMOVAL Hill

Place Holy Cross Cem. Date May 22, 1935

19. UNDERTAKER Fred W. Ozazewski

ADDRESS 1930 Eastern Ave.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1935 to May 19, 1935

I last saw h[illegible] alive on May 19, 1935 Death is said to have occurred on the date stated above, at 3 pm.

The principal cause of death and related causes of importance are as follows:

Pulmonary Hemorrhage

Malignant Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify

(Signed) Andrew Kwiecinski, M. D.

(Address) 2379 Eastern Ave.

D. P. 5268-9

✓ F 12814

2814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 402 Bruce Rd. St., 15 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary J. Kelly

(a) Residence: No. 402 Bruce St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of John E. Kelly

DATE OF BIRTH (month, day, year) Oct. 23/1863

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	726	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex England

13. NAME John Sibbitt

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Ann Hawkins

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Margaret Kelly

(Address) 402 Bruce Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Northwood Date May 22, 1935

19. UNDERTAKER Martin Fahey & Son

(Address) 1600 North Ave.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1935 to May 19, 1935.

I last saw her alive on May 19, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Myocarditis, Endocarditis	several yrs.
Arterio-sclerosis	several yrs.
Angina Pectoris	several months
None	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Merritt Lord M. D.

(Address) 3705 Liberty Heights Ave.

B 1268-4

F 12815

2815

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1812- N. Bond Street St., 8 Ward)

gth of residence in city or town where death occurred ...yrs. 4 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Julia Ann Boland

(a) Residence: No. 1812- N. Bond Street St., ...Ward. (If non-resident give city or town and State)

(Usual place of abode)

Northfield Vermont

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of James J. Boland

DATE OF BIRTH (month, day, year) Dec. 19, 1860

AGE Years	Months	Days	If LESS than 1 day, hours or min.
74	5	XXXXX	XXXXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0057

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Northfield, Vt.

13. NAME Morris Dolan

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Miss Grace Gomez

(Address) 1812-N. Bond Street

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. 5/22/35 19

UNDERTAKER 1735-Hartford Ave.

(Address)

1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

Fractured Skull	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Fell during Stroke Date of injury May 19, 1935

Where did injury occur? 1812 N. Bond St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall during apoplectic Stroke

Nature of injury Fractured Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

D. P. 1268-9

✓ F 12816

12816 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 442 N. Robinson St., 6 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fred L. Lindner

(a) Residence: No. 442 N. Robinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Katherine Lindner

DATE OF BIRTH (month, day, year) Sept 16 1868

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	5	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. R.R. 062

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Peter Lindner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Katherine Lindner

(Address) 442 N Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 22, 1935

19. UNDERTAKER John A. Minard

(Address) 2000 E. Baltimore St.

20. Filed 1935 Harrington Wilkes, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to May 19 1935

I last saw deceased alive on May 18 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Terminal Bronchopneumonia

Date of onset
5/17/35

Other contributory causes of importance:

Endocarditis, Hypostatic pneumonia, Senility

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. D. Haggerty M. D.

(Address) 3604 E Baltimore St

D. P. 1268-9

✓ F 12817

HEALTH DEPARTMENT—CITY OF BALTIMORE

99447 12817

CERTIFICATE OF DEATH

X 68

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lillian Smithers Bevans

(a) Residence: No. 652 C St N.E. St., Ward. Washington D C
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: John T

6. DATE OF BIRTH (month, day, year): 7-11-06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: H. Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): D.C.

13. NAME: Wm E Smith

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME: Catharine Cullen

16. BIRTHPLACE (city or town) (State or country): Conn

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Washington DC Date 5/24 19 35

19. UNDERTAKER: American H. Chambers Co

(Address) Washington D.C.

20. FILED 1935 Harriet Gardiner Filing Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to May 21, 1935

I last saw her alive on May 21, 1935 Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death	Date of onset
Addisons Disease		1930

Other contributory causes of importance:

Name of operation: Exploratory Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Myrta Swan Cooke, M. D.

(Address) Johns Hopkins Hosp. Balto. Md.

Spec. 1-103-MAY-1500 Bks.

12818

✓ F 12818

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2324 Druid Park Ave. St. 16 WARD)

2-FULL NAME Kate E. Quetard

(a) RESIDENCE NO. 2324 Druid Park Ave St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Widow

6a If married, widowed, or divorced
(b) HUSBAND of
(c) WIFE of William F. Quetard

7 DATE OF BIRTH (month, day, and year) Feb 11 1836

8 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	2	20	

9 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Nurse 0627

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Samuel J. McCullough

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md.

12 MAIDEN NAME OF MOTHER Mary E. Fell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant (Address) Robert C. Leigh 2324 Druid Park Ave

15 Filed 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21 1935

17 I HEREBY CERTIFY, That I attended deceased from Apr 29, 1935, to May 21, 1935,

that I last saw her alive on May 19, 1935,

and that death occurred, on the date stated above, at 8 08 P m.

The CAUSE OF DEATH* was as follows:

Cardiac Fibrillation and Cardiac dilatation

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Chronic Parenchymatous nephritis (duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Bernard L. Lewis M. D.

5/21, 1935 (Address) 1379 Druid Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Baltimore Cemetery — DATE OF BURIAL: May 23 1935

20 UNDERTAKER: Henry Lutz — ADDRESS 1203 N. Broadway

H. D. P. 1268-9

F 12819

12819 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Caton + Wilkens St. 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Andrew McCall

(a) Residence: No. 2222 Wallbrook Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara O. McCall

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) " "

15. MAIDEN NAME Not Clara.

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Clara O McCall

(Address) 2222 Wallbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Date 5/22 1935

19. UNDERTAKER New Figure Co

(Address) 1615 Eastern Ave

Huntington Williams N.C.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to May 19, 1935

I last saw him alive on May 20, 1935 Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension + Arterio-Sclerotic Heart Disease	1930
Cerebral Hemorrhage	5-10-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? (If so, specify)

(Signed) Carl G Merkel, M. D.

(Address) 1 Hopkins Place

F 12820

12820 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

106

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1913 E Lamlord St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Gier
If U. S. Veteran specify WAR

(a) Residence: No. 1913 E Lamlord St., 2 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Gier

DATE OF BIRTH (month, day, year) Nov 19 - 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.
13. NAME Conrad Wilhelm
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Frank Gier, Son
(Address) 1913 East Lamlord
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 22, 1935
19. UNDERTAKER Lilly Zerbe INC
(Address) 1038 E Lamlord St.
20. FILED Huntington Ave. May 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935 to May 18, 1935
I last saw her alive on May 18, 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days

Other contributory causes of importance:

None

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Joseph L. Valentine M. D.
(Address) 16 So Broadway

1935

D. P. 1208-9

12821 ✓ F 12821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2402 Edmondson Ave. 16 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William John Leer

(a) Residence: No. 2402 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of ~~(or WIFE of)~~ Anna C.

DATE OF BIRTH (month, day, year) April 3-1864.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	1	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book-Keeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 0005

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Herman Leer

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Catherine Wenckman

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Anna C. Leer.
(Address) 2402 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date May 23 . 1935

19. UNDERTAKER Harry H. Little
(Address) 4101 Edmondson Ave

FILED [illegible] Registrar.
MAY 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6 , 1935 to May 20 - , 1935.
I last saw him alive on May 20 - , 1935. Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	unknown

Other contributory causes of importance:

none	

Name of operation Date of

What test confirmed diagnosis? P.S. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chester Rikund, M. D.
(Address) 2532 Edmondson Ave.

D. P. 1268-9

V F 12822

12822

HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 Millington Ave 20 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John E. Bell

(a) Residence: No. 436 Millington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline W. Bell

7. DATE OF BIRTH (month, day, year) August 10-1874

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	9	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 673

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W. B. & A. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME John Bell

14. BIRTHPLACE (city or town) (State or country) S. C.

15. MAIDEN NAME Margaret Goodman

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mrs. Caroline W. Bell

(Address) 436 Millington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 24 1935

19. UNDERTAKER George L. Sellwat

(Address) 2101 Frederick Ave.

FILED 1935 Huntington Palmer Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19 1935 to May 21 1935

I last saw him alive on May 20 1935 Death is said to have occurred on the date stated above, at 5.10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	1934
Cerebral hemorrhage	5/19/35

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Howard J. Schneider M. D.

(Address) 3114 Reisterstown Rd

D. B. 1268-9

✓ F 12823

12823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH Maryland Gen. Hosp.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Joan McClelland

(a) Residence: No. 1311 W 41st. street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 28. 1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Charles Thomas Mc Clelland

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Czyzewski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles Mc Clelland

(Address) 1311 W 41st St

18. BURIAL, CREMATION, OR REMOVAL

New Cathedral Date May 22, 1935

19. UNDERTAKER Reynolds Bros.

(Address) 3615 Eastern Ave

20. FILED 21 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5/19/35 . 19 . to 5/21/35 . 19 .

I last saw her alive on 5/21/35 . 19 . Death is said to have occurred on the date stated above, at 7 15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro-enteritis. (Non-specific)	
Other contributory causes of importance: Fetal Inertia -	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, where?

(Signed) H. E. Proctor M. D.

(Address) Md Gen Hospital

spec.—6-9-19—H. P. Co.—2000 Bks.

F 12824

F 12821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) 3158 Kenwick (St.) 13 (Ward)

2-FULL NAME John Wesley McQuay

(a) RESIDENCE (No.) 3158 Kenwick (St.) (Ward.)

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Child

DATE OF BIRTH (month, day, and year) May 3, 1927

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8		17	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Md.

10 NAME OF FATHER Frank P. McQuay

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Grace G. Wilson

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

Informant Frank P. McQuay

(Address) 3015 N Chester Ave

Filed MAY 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 20 1935

17 I HEREBY CERTIFY, That I attended deceased from April, 1931, to May 20, 1935, that I last saw h[illegible] alive on May 20, 1935, and that death occurred, on the date stated above, at 7:45 P. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 4 yrs. mos. ds.

CONTRIBUTORY (Secondary) Diabetes Coexistent

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) [illegible] M. D.

, 19 (Address) 2020 N. Charles St

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Soicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: David Ridge

DATE OF BURIAL: May 22. 1935

20 UNDERTAKER: Ellenower & Son

ADDRESS: 3415 Chestnut Ave

H. D. P. 1208-9

F 12825

HEALTH DEPARTMENT—CITY OF BALTIMORE

12825

CERTIFICATE OF DEATH

x 46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hosp. St., 20 Ward)

Length of residence in city or town where death occurred 46 yrs. 2 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister Constance Barry

(a) Residence: No. Bon Secours Sisters, Darley, Pa. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 7-4-1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religion

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ireland
(State or country)

13. NAME Not Known

14. BIRTHPLACE (city or town) Ireland
(State or country)

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Mother Superior
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Catholic Cem Date 5/23/35, 19

19. UNDERTAKER Geo. T. Darley & Son
(Address) Fulton & Fayette

FILED JUN 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-15-35, 19 to 5-20-35, 19

I last saw her alive on 5-19-35, 19 Death is said to have occurred on the date stated above, at 1 30/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Esophagus	
Other contributory causes of importance:	
Starvation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Robert Allison, M. D.

(Address) Bon Secours Hosp.

D. B 1268-9

✓ F 12826

2826 HEALTH DEPARTMENT—CITY OF BALTIMORE

54-E

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.
CITY OF BALTIMORE: (No. ... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthony Fitter
(a) Residence: No. 905 N. Eutaw St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cecelia Fitter

DATE OF BIRTH (month, day, year) Nov. 24, 1903

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	5	21	

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store
10. Date deceased last worked at this occupation (month and year) 1935
11. Total time (years) spent in this occupation 666 Mos.
12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME John Fitter
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Mary Hickmon
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date May 23 35
19. UNDERTAKER John L. Miller
(Address) 2435 E. Oliver St.
20. FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 1935

I HEREBY CERTIFY, That I attended deceased from May 2nd 1935 to May 20 1935
I last saw him alive on May 20 1935 Death is said to have occurred on the date stated above, at 2:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor, Thedisease Type Unknown	1935
Cachexia (from Complication on Trachea	5/16/35

Other contributory causes of importance

Name of operation Tracheotomy Date of 5/20/35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... Hr. ...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Good M. D.
(Address) Balto City Hospitals

D. B. 1268-9

2827

E 12827

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Franklin Square Hospital

CITY OF BALTIMORE: (No. [redacted] St., 19 Ward)

Length of residence in city or town where death occurred 62 yrs. 4 mos. 0 ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Adolph J. Zeidler

(a) Residence: No. 106 S. Fulton Avenue St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of (or) WIFE of -------

DATE OF BIRTH (month, day, year) Jan. 20, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	4	0	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -------- 0066

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Adolph F. Zeidler

14. BIRTHPLACE (city or town) (State or country) -------- Prussia

15. MAIDEN NAME Ottilie Kloper

16. BIRTHPLACE (city or town) (State or country) -------- Prussia

17. INFORMANT Mrs. Augusta C. Maczis

(Address) 28 S. Fulton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 5/22 19 35

19. UNDERTAKER Henry H. Myers and Son

(Address) 502 W. Cathedral St.

20. FILED ..... 19 ..... Registrar.

May 21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on Inquiry, 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris,	
Other contributory causes of importance:	
No history,	

Name of operation ..... Date of .....

What test confirmed diagnosis? Sudden death Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) Thos J. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave.

D 12828 ✓ F 12828

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 139a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hosp. St. 11 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary H. Thomas

(a) Residence: No. Route 3 - Roanoke St. Va Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of JAMES L. Thomas

DATE OF BIRTH (month, day, year) July 23, 1906

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME James S Henderson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Anne Davis

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Hosp. Chart
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Roanoke Va Date 5/22/35

19. UNDERTAKER Geo E Beyer Jr.
(Address) 1012 Eutaw St

20. FILED MAY 21 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-20-35 to 5-21-35, 19

I last saw her alive on 5-21-35, 19. Death is said to have occurred on the date stated above, at 3.55 P m.

The principal cause of death and related causes of importance were as follows:

Congenital heart disease - Patent foramen ovale

Date of onset

Other contributory causes of importance:

Vaginal hemorrhage
Hysterectomy.

Name of operation Hysterectomy Date of 5-21-35

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W. Ramsey, M. D.

(Address) Maryland General Hosp

F 12829

M. D. F. 1268-9

F 12829

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 176

1. PLACE OF DEATH University Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Rose Marshall

(a) Residence: No. New Freedom Pa St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown.

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Paul Fortenstein

(Address) New Freedom, Pa.

18. BURIAL, CREMATION, OR REMOVAL New Freedom Pa Date May 24. 1935

19. UNDERTAKER Paul Fortenstein

(Address) New Freedom Pa

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15. 1935. to May 21. 1935.

I last saw h[illegible] alive on May 21. 1935 Death is said to have occurred on the date stated above, at 2:55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis & Cholelithiasis	
Myocardial Failure	5/15/35

Other contributory causes of importance:

Name of operation Cholecystostomy Date of 5/16/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Helen P. Maginnis M. D.

D. B. 12834 F 12830

Transcript F 12830

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Palmer

(a) Residence: No. 1566½ Fremont St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Ruth Palmer

7. DATE OF BIRTH (month, day, year) 2-24-1891

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? Odd

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Va

13. NAME Louis Palmer

14. BIRTHPLACE (city or town) (State or country) (?) Va

15. MAIDEN NAME Mattila (?)

16. BIRTHPLACE (city or town) (State or country) (?) Va

17. INFORMANT Balto City Hospt

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Northumberland Co. Va. 5/22 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Greenmount Ave.

FILED ..... 19..... Registrar.

22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-19 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1935 to 5-19 1935

I last saw him alive on 5-19 1935 Death is said to have occurred on the date stated above, at 4 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	(?)

Other contributory causes of importance:

Ulceration

Secondary Anemia

Name of operation Gastroenterostomy Date of 5-14 1935

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel W. Gurst M. D.

(Address) Balto City Hosp

D. P. 1268-a

F 12831 F 12831

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland General Hospital (St. or Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hillard Shearin

(a) Residence: No. 1932 Brunt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mattie Shearin

DATE OF BIRTH (month, day, year) 4/5/1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	1	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Plumber Shearin

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Bessie ?

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Mrs Mattie Shearin

(Address) 1932 Brunt St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/12, 1935

19. UNDERTAKER Thomas C. Nelson

(Address) 1303 Brentman St

20. FILED 2 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to May 19, 1935

I last saw him alive on May 19, 1935. Death is said to have occurred on the date stated above, at 1 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5-13-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude Elliott Babcock M. D.

(Address) Md. General Hosp.

D. P. 1268-F 12832 F 12832

99291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Williams

(a) Residence: No. 805 Barrison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) 3-19-33

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Williams

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Elsie King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/22, 1935

19. UNDERTAKER Thomas E. Kelsey

(Address) 1303 Pressman St.

20. FILED 5-22-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935 to May 19, 1935.

I last saw h[illegible] alive on May 19, 1935 Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, acute primary	5/14/35

Other contributory causes of importance:

Sickle cell anemia	life

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Woodbridge Williams, M. D.

(Address) Johns Hopkins Hosp.

D. P. 1268-9

F 12833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12833 ✓ 18 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Laurence R. Davis

(a) Residence: No. 1002 N. Stricker St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

DATE OF BIRTH (month, day, year) March 25 1931

AGE Years	Months	Days 24	If LESS than 1 day, ... hrs. or ..... min.
	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Laurence Davis

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

15. MAIDEN NAME Evelyn Rogers

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

INFORMANT Laurence Davis (Father)
(Address) 1002 N. Stricker St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date 5/22 19 35

UNDERTAKER Thos. E. Kelson
(Address) 1303 Pressman st.

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. North Ave.

D. H. 126

F 12834

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12834

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1704 W Prestman St., 15 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ethel Rice Hill

(a) Residence: No. 1704 W Prestman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jamie Hill

7. DATE OF BIRTH (month, day, year) May 15 - 1899

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	0	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Jamie Hill
(Address) 1704 W Prestman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date May 24 19 35

19. UNDERTAKER Thomas E. Kelly
(Address) 1303 Presstman St.

20. FILED MAY 22 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1935 to 5-20 1935

I last saw h[illegible] alive on 5-20 1935 Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute dilatation of heart	5/19

Other contributory causes of importance:

Name of operation Physical Date of

What test confirmed diagnosis Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Geo. S. Allen Coroner M. D.

(Address) 507 Cumberland

D. F. [illegible] F 12835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12835

CERTIFICATE OF DEATH

210-9

Registered No. .....

1. PLACE OF DEATH Provident Hospital St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin O Lewis (Col)

(a) Residence: No. 513 Sanford Place St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Child

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 12/31 1926

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	4	1817	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... | 11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Walter Lewis

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Loretta Oliver

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Loretta Lewis

(Address) 513 Sanford Place

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date May 22 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw ~~him~~ alive on 5/18 1935 Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed Right Chest	
Probably Punctured R Lung	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 5/18 1935

Where did injury occur? Sanford Place & Dawson St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by falling Auto & Pinned

Nature of injury Crushed Chest

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Melvin Grier M. D.
Coroner

(Address) 5142 Park Heights Ave

F. D. B. 1268-A

F 12836

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12836

CERTIFICATE OF DEATH

✓ 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1939 Linden St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Babel

(a) Residence: No. 1939 Linden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Bernice Babel

DATE OF BIRTH (month, day, year) Oct. 8 - 1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

13. NAME George A. Babel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Magdalena Eckl

16. BIRTHPLACE (city or town) (State or country) Frederick Maryland

17. INFORMANT Austin A. Babel
(Address) 1939 Linden St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 23, 19 35

19. UNDERTAKER J. B. Shepherd Son
(Address) 3 E Eutaw Place

20. FILED MAY 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to May 20, 1935
I last saw him alive on May 20, 1935 Death is said to have occurred on the date stated above, at 11 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	

Other contributory causes of importance:

X

Name of operation none Date of

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? X Date of Injury X, 19

Where did injury occur? X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify X

(Signed) R. Van Williams, M. D.
(Address) 3201 Laguada ave.

D. B. 12680 F 12837 F 12837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2535 Arunah St. 16 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Lescallett

(a) Residence: No. 2535 Arunah St. 16 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Linda E. Lescallett

DATE OF BIRTH (month, day, year) July 28-1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0068

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Alexandria (State or country) Va.

13. NAME OF FATHER Jesse Lescallett

14. BIRTHPLACE (city or town) Carroll County (State or country) Maryland

15. MAIDEN NAME OF MOTHER Elizabeth Walker

16. BIRTHPLACE (city or town) Alexandria (State or country) Virginia

17. INFORMANT Mrs. Linda E. Lescallett

(Address) 2535 Arunah Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date May 22, 35

19. UNDERTAKER F. B. Shepherd & Son

(Address) 53 Eutaw Place

20. FILED May 22, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 7, 1935

I last saw him alive on May 8, 1935 Death is said to have occurred on the date stated above, at 9:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cardiac Arteriosclerosis	5/19/35
Other contributory causes of importance: Arteriosclerosis	1932

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. C. Hawkins M. D.

(Address) 1 E. Randall St.

M. D. R. 4268-9 F 12838

F 12838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 436 N. Linwood Ave (St.) (Ward).
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Susanna Wolfarman.
(a) Residence: No. 436 N. Linwood Ave (St.) Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22 1865

7. AGE: Years 69. | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME OF FATHER John Wolfarman.
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME OF MOTHER Margaret.
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs Catherine Wolfarman
(Address) 436 N. Linwood

18. BURIAL, CREMATION, OR REMOVAL
Place Emmanuel Date 5/23/35

19. UNDERTAKER J. Heinsohn & Son
(Address) 37 S. Broadway

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20/35

22. I HEREBY CERTIFY, That I attended deceased from Apr 23, 1935, to May 20, 1935
I last saw h[illegible] alive on May 19, 1935. Death is said to have occurred on the date stated above, at 4 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Neurasthenia	5/5/35
b.	
c.	
d.	

Other contributory causes of importance:

Chronic Nephritis — [illegible]
Arteriosclerosis

Name of operation None Date of —
What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) L. H. Meyer M. D.
(Address) 1 E. 39th St.

D. B. 1208-9

F 12839

HEALTH DEPARTMENT—CITY OF BALTIMORE

12839

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 532 Calhoun 19 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Thomas

(a) Residence: No. 532 Calhoun St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clara Thomas

DATE OF BIRTH (month, day, year) 3/25/1890

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker (Operative)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Factory

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Keyesville
(State or country) Va

13. NAME Beverly Thomas

14. BIRTHPLACE (city or town) Keyesville
(State or country) Va

15. MAIDEN NAME Anna Lee

16. BIRTHPLACE (city or town) Keyesville
(State or country) Va

17. INFORMANT Mrs Clara Thomas wife
(Address) 532 N Calhoun St

18. BURIAL, CREMATION, OR REMOVAL

Place Keyesville Va Date May 22 ... 1935

19. UNDERTAKER ...
(Address) ...

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to May 19 1935

I last saw him alive on May 19 1935 Death is said to have occurred on the date stated above, at 1.30 o'clock A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonar Disease	
Heart	

Other contributary causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Frank E. Hagan M.D.

(Address) 627 Schroeder

H. D. B. 1268-9

F 12840

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12840

CERTIFICATE OF DEATH

93-8

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Hebbons.

(a) Residence: No. 2568 Rayner Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thomas.

6. DATE OF BIRTH (month, day, year): 5/9/1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77		10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Howard Co Md

13. NAME Benj. Brooks.

14. BIRTHPLACE (city or town) (State or country): Howard Co Md.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Glen. Date 5/12 1935

19. UNDERTAKER Lyd. W. Chase & Son
(Address) 638 Eutaw St.

20a. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/2, 1934 to 5/19, 1935

I last saw h e alive on 5/19, 1935 Death is said to have occurred on the date stated above, at 5 1/2 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	10 days
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

F 12841

M. D. F 12841

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Hospital St., 17 Ward)

Length of residence in city or town where death occurred? W yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Brown

(a) Residence: No. 830 Bradley st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Brown

7. DATE OF BIRTH (month, day, year) Sept. 16, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	8	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME William Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Catherine ??

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Ct Date 5/22/35

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery st

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935, to May 19, 1935

I last saw him alive on May 19, 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Sept. 1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Mayer W. Jacobson M. D.

(Address) Baltimore City Hospital

F 12842

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12842

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Linda Seymour.

(a) Residence: No. 5705 Bland Ave (Usual place of abode) Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Joseph

DATE OF BIRTH (month, day, year): 5/5/1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70.	0	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): N. C.

13. NAME: George Brown.

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Potters. Date: 5/22 19 35

19. UNDERTAKER: J. W. Cook

(Address) 1121 E. Pratt St

20. FILED 5/23 19 35 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/21 19 35

22. I HEREBY CERTIFY, That I attended deceased from 5/15 19 35 to 5/21 19 35

I last saw her alive on 5/21 19 35 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	15 days
Diabetes mellitus	

Other contributory causes of importance:

Name of operation ..... Date of. .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reyte M. D.

(Address) Balto City Hosp.

F 12843

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12843

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1838 N Chester St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Albert T. Morgan

(a) Residence: No. 1838 N. Chester St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (or ~~WIFE of~~) Nannie Morgan

DATE OF BIRTH (month, day, year) June 5th 1862

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Albert W. Morgan
(Address) 2726 Tivoli Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date May 23rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1934 to May 20, 1935

I last saw h~~im~~ alive on May 20, 1935 Death is said to have occurred on the date stated above, at 9:30 P.m..

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac & Respiratory Paralysis	
Other contributory causes of importance: Coronary Sclerosis	

Was an operation performed? — Date of .....

For what disease or injury? —

Name of operation Physical Signs Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. L. Haines, M. D.

(Address) 1501 N Pat Pl

B-0664

12844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 153 N. Hugh St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ida Baer

(a) Residence: No. 153 N. Hugh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Wolff

DATE OF BIRTH (month, day, year) Mch

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isaac Buttick

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Moller

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Ben. Baer - Son (Address) 711 N. Hay St

18. BURIAL, CREMATION, OR REMOVAL Pikesville Memorial Park Date 5/22/35

19. UNDERTAKER Funk & Lewis Inc (Address) 1439 E. Baltimore St

20. FILED MAY 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-35. 19

22. I HEREBY CERTIFY, That I attended deceased from January 1935, to May 22 1935

I last saw h alive on May 22 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arterio. sclerosis - hypertension myocarditis	8 years
Other contributory causes of importance: Acute dilatation of heart	1 day

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Frederick Lentz M. D.

5/22 35 (Address) Temple Garden Apts

M. D. B. 1268-9

12845 F 12845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 3 Ward)

Length of residence in city or town, where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Summers

(a) Residence: No. 720 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Julia Summers ?

6. DATE OF BIRTH (month, day, year)

7. AGE — Years: 53 — Months: — Days: — If LESS than 1 day, hrs. or min.: —

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Vincent Summers

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Sophia Krauza

16. BIRTHPLACE (city or town) (State or country): Poland.

17. INFORMANT: Records Bur.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: St. Stanislaus Date: May 24, 1935

19. UNDERTAKER: Randall Undertaking Co.

(Address): 1625 E. Lombard St.

20. FILED: MAY 24 1935, 19 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/18, 1935 to 5/21, 1935

I last saw him alive on 5/21, 1935. Death is said to have occurred on the date stated above, at 7.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mo.
Carcinoma of prostate.	10 mo.

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) Robert A. Reder M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

2846

F 12846

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 10 Ward)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael P. Holmes.

(a) Residence: No. 1010 Hillman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Delia

6. DATE OF BIRTH (month, day, year): 1863.

7. AGE: Years 72. | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE AND NATIONALITY OF PARENTS

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Records Bch

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 24, 1935

19. UNDERTAKER: Pete Micheli

(Address) 914 Greenmount Ave

MAY 22 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/19, 1935 to 5/21, 1935

I last saw him alive on 5/21, 1935 Death is said to have occurred on the date stated above, at 4 25/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Peter, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 12847 ✓ F 12847

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12847 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 807 Harlem Ave St., 17-3 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Elizabeth Webb

(a) Residence: No. 807 Harlem Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

6a. If married, widowed, or divorced (or) WIFE of Chas. H. Webb

6. DATE OF BIRTH (month, day, year) Feb 14, 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME James Ridgeway

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Adeline Hissong

16. BIRTHPLACE (city or town) (State or country) Caroline Co. Md

17. INFORMANT Mrs Emma Cooper (sister)
(Address) 807 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 22 19 35

19. UNDERTAKER Mrs Katie R. Williams
(Address) 227 N Stricker St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 14 19 35

22. I HEREBY CERTIFY, That I attended deceased from Jan 22 19 35 to May 14 19 35

I last saw h.. alive on May 18 19 35 Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis (Parenchymatous)	Probably Couple yrs
Other contributory causes of importance:	
Chr Cystic cystitis	Jan 1935
Pyelitis	Couple yrs
Myo Carditis	Couple yrs

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) R. H. Young M. D.

(Address) 1429 Fidelity Bldg

D. B 1268-9

12818 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12818

CERTIFICATE OF DEATH

94-w

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH On Stmr. Potomac.

CITY OF BALTIMORE: (No. Pier 3 Light St. St., 17 Ward)

Length of residence in city or town where death occurred 36 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Percy Hall.(C)

(a) Residence: No. 531 Johannesen St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

DATE OF BIRTH (month, day, year) October 17, 1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	36	7	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Hall.(C)

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Louise Brown.(C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Louise Brown.(C)
(Address) 531 Johannesen St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date May 25 1935

19. UNDERTAKER Adolphus Hunter
(Address) 917 Druid Hill Ave.

20. FILED May 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Otto M. Reinhardt, M. D. Coroner

5/22, 1935 (Address) 1017 N. Charles St.

F 12849

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

12849

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Mercy Hospital St., 4 Ward)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME John H. Haswell

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Unknown

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 22 1935

19. UNDERTAKER
(Address)

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4'15 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/19/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elvin B. Hollaway M. D.
Coroner

(Address) 1031 St Paul St.

H. D. B 1268-9

F 12850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Vance

(a) Residence: No. 2 St Clair Lane St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	D

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME Milton Vance

14. BIRTHPLACE (city or town) (State or country) S.C

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J.H. Med School Date May 22 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 13, 1935.
I last saw him alive on May 13, 1935. Death is said to have occurred on the date stated above, at 8.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peripheric abscess	3.5.1.35
Septicemia, staphylococcus aureus	3.5.10.35
Chronic vascular nephritis + anaemia	Jan. 1936

Other contributory causes of importance:

Name of operation None Blood culture Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

M. D. H. 1268-9

12851 ✓ 12851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 5 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Rich

(a) Residence: No. 142 East St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lucy.

6. DATE OF BIRTH (month, day, year) 11/27/97.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37.	5	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Landon Cox

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Eliz ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Edw Rich (son)

(Address) above

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 5-22-, 1935

19. UNDERTAKER Bryant Mamie W. Wright

(Address) 228 Pac Ave

20. FILED 5-22-1935 Registrar.

NOT

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1935 to 5/18, 1935

I last saw he alive on 5/18, 1935 Death is said to have occurred on the date stated above, at 10:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	4 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz, M. D.

(Address) Balto City Hosp.

H. D. B. 1268-9

✓ F 12852

12852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1205 Division St., 17-7 Ward)

Length of residence in city or town where death occurred 21 yrs. 2 mos. 6 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alice F. Robinson

(a) Residence: No. 1205 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) March 12, 1914

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Chas. H. Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Mary B. Chantrice

16. BIRTHPLACE (city or town) (State or country) do Va

17. INFORMANT Mary B. Robinson
(Address) 1205 Division St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date May 22nd 35

19. UNDERTAKER Mc. Lee A. Woodland
(Address) 1631 Druid Hill

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1935 to May 18, 1935
I last saw her alive on May 18, 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration	Interval between onset and death
1 Broncho Pneumonia	7 days	

Other contributory causes of importance:
Acute tonsilitis 5 days
Uremia 1 day
Very much emaciated

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Lee Ellis, M. D.

(Address) 924 Madison Ave

F. D. B. 1268-9

12853 ✓ F 12853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 Linn St., 12th Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. 2 ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jane Boyd Beauchamp

(a) Residence: No. 1411 John St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.

4. Color or Race: W.

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Samuel A. Beauchamp

7. DATE OF BIRTH (month, day, year): Oct 2 1861

8. AGE: Years 73; Months 7; Days 11; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Fort Riley Kans

MOTHER

13. NAME Winchester Bond

14. BIRTHPLACE (city or town) (State or country): Md

FATHER

15. MAIDEN NAME Eliza L. Kimball

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Mrs. Florence Beauchamp
(Address) 1411 John St

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Olivet Cem Date May 24 1935

19. UNDERTAKER Peter J. Lee
(Address) 2244 Nicholas St.

20. FILED MAY 24 1935 [illegible] (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan '29 1935 to May 21 1935

I last saw her alive on May 21 1935 Death is said to have occurred on the date stated above, at 5.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	Gradual
Hypertension	4 yrs
Myocarditis	11

Other contributory causes of importance: Pulmonary Edema

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W H Woody M. D.

(Address) 1403 Park Ave

M. D. B. 1268-9

12854 ✓ F 12854

HEALTH DEPARTMENT—CITY OF BALTIMORE

348-92a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Bailey

(a) Residence: No. 609 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Laurena Bailey.

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Myra Bailey.

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date May 22, 1935

19. UNDERTAKER
(Address)

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2, 1935 to 5/18, 1935

I last saw him alive on 5/18, 1935. Death is said to have occurred on the date stated above, at 5:25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 mos
Aortic insufficiency	3 mos
Syphilitic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. B. 1269-9

12855 F 12855

12855 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Atwood

(a) Residence: No. 1600 N. Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Major D.

6. DATE OF BIRTH (month, day, year) 4/2/1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65.	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wesley Solomon.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Coates.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 22, 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar.

1399

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/13, 1935 to 5/17, 1935

I last saw her alive on 5/17, 1935 Death is said to have occurred on the date stated above, at. 2 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	5 yr.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. P. 1248-9

F 12856

2856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Front 614 Forest St., 5 Ward)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laurence A. Waddle

(a) Residence: No. Unknown St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 40?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Frank Waddle

14. BIRTHPLACE (city or town) (State or country) Indiana County Pennsylvania

15. MAIDEN NAME ? Kelley

16. BIRTHPLACE (city or town) (State or country) Indiana County Pennsylvania

17. INFORMANT Undertaker J. W. Robinson & Son

(Address) Indiana County Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury, Va Date May 22, 1935

19. UNDERTAKER Wm. J. Tickner & Son

(Address) North Ave

20. FILED 21 1935, 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic Neuritis	?
Lues	

Other contributory causes of importance:

Epilepsy

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

(Baltimore) V F 12857

D. B. 1288-2
12857

HEALTH DEPARTMENT—CITY OF BALTIMORE

209-G

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 258 1/2 S. Hallas St. 3 Ward)

Length of residence in city or town where death occurred 6 yrs. 4 mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Tattore

(a) Residence: No. 258 1/2 S. Hallas St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Child

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Child

DATE OF BIRTH (month, day, year) Sept 14 1929

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	4, 8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Victor Tattore

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Mary Serio

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Victor Tattore
(Address) 258 1/2 S. Hallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date May 23 35

19. UNDERTAKER Wendell J. Hengst
(Address) 1416 Eastern Ave

FILED 22 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Avulsion of left chest	
Avulsion of left forearm	
Compound fracture of left elbow	

Other contributory causes of importance:

Shock
Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 21, 1935
Where did injury occur? Baltimore Md
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On street.
Manner of injury Run over by street Car
Nature of injury Avulsion of left chest + forearm. Compound fracture of elbow

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Paul Wheeler, M. D.
Coroner
(Address) 1919 E. North Ave.

M. D. F 12858 F 12858

299030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Thomas

(a) Residence: No. 2023 Longwood St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4-22-20

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
15	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pupil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Peter Thomas

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Ann Thomas

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Pt. Lorna Date 5/23, 1935

19. UNDERTAKER Thomas Rose

(Address) West munster Md

MAY 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to May , 19 .

I last saw him alive on May 20, 1935. Death is said to have occurred on the date stated above, at. 9.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute hemorrhagic nephritis.	May 7th
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify —

(Signed) R. Carmichael Pilcher M. D.

(Address) Johns Hopkins Hospital

F 12859 F 12859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Parkwyth Ave 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Roskelly

(a) Residence: No. 600 Parkwyth Ave St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of Henry Roskelly

7. DATE OF BIRTH (month, day, year) June 4 1855

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Cornwell Engl

FATHER

13. NAME Philip Bawden

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Isabelle Rinkman

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Clara Wildman

(Address) 600 Parkwyth Ave

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Park Date May 23 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul St

20. FILED 19 Registrar

MAY 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935 to May 21, 1935

I last saw h alive on May 21, 1935 Death is said to have occurred on the date stated above, at 9 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Endocarditis	2 yrs
	1 yr
Other contributory causes of importance: Senility & Confusion	Many yrs

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Thomas, M. D.

(Address) 3136 Hanford Rd

F 12860

HEALTH DEPARTMENT—CITY OF BALTIMORE

299251

CERTIFICATE OF DEATH

1107-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 6 Ward)

Length of residence in city or town where death occurred 2y yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Doris Hall

(a) Residence: No. 1908 E. Fairmount Ave. Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of ——— (or) WIFE of ———

7. DATE OF BIRTH (month, day, year) 10/8/34

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Vincent Hall

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mamie Thamert.

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place St. Matthews Date May 24th 35

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935, to May 21, 1935. I last saw her alive on May 21, 1935. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (Primary)	5-11-35
Other contributory causes of importance: Acute cystitis	5-11-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D. Schweyker, M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

F 12861

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12861

CERTIFICATE OF DEATH

45-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp 14 St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George A Davis

(a) Residence: No. 1357 W North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret A Davis

DATE OF BIRTH (month, day, year) Dec 16 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johnson & Son

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Ohio Cincinnati

13. NAME Wallace M Davis

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Howard Thurer

(Address) 1115 N Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/24, 1935

19. UNDERTAKER Wm Cook

(Address) 1214 E Fayette St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Unknown
Other contributory causes of importance: Chronic Myocarditis	Unknown

Name of operation None Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Brown, M. D. Coroner

(Address) 1215 Hanover St

F 12862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12862

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Industrial Chemical Co Curtis Bay. Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert S. Lewis. (C)

(a) Residence: No. 1612 Lorman St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced

6. If HUSBAND of or WIFE of Clara Leeis. (C)

DATE OF BIRTH (month, day, year) Do not know.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rigger.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

13. NAME Isaac Lewis. (C)

14. BIRTHPLACE (city or town) (State or country) Virginia.

15. MAIDEN NAME Levenia Scott. (C)

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Walter F. Lewis. (C) brother

(Address) Moseleys, Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date May 23 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Preestman st.

20. FILED MAY 23 1935 5/22/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto K. Reinhardt, M. D. Coroner

(Address) 1017 E. Charles st.

M. D. F. 12849 12863 ✓ F 12863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1200 Valley St. St., 10 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Connelly

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 29 December 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	11	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dressmaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0069

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Connelly

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Anne Mrs Adams

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) 1200 - Valley street.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Peters Date May 23 1935

19. UNDERTAKER Pyle Wiedefeld
(Address) 914 Greenmount Ave

20. FILED 19 Registrar.

MAY 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1935 to May 21 1935

I last saw her alive on May 21 1935 Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	May 1935
	over
Other contributory causes of importance: Edema Lungs	May 10 35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E Gill Hall M. D.

(Address) 1631 E North Ave

M. D. B. 5268-A

F 12864 ✓ F 12864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora Shirley

(a) Residence: No. Port Deposit, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1903

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) May 12 1935 + 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (city or town) (State or country) Russel Co Va

FATHER

13. NAME Ledge Helton

14. BIRTHPLACE (city or town) (State or country) Russel Co, Va.

MOTHER

15. MAIDEN NAME Alice Stephens

16. BIRTHPLACE (city or town) (State or country) Russel Co, Va.

17. INFORMANT Ged Barton.
(Address) Port Depait Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Abingdon Va Date May 24 35

19. UNDERTAKER J. E. Tyson
(Address) Rising Sun. Md.

FILED 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13 , 1935, to 5-22 , 1935

I last saw her alive on 5-22 , 1935. Death is said to have occurred on the date stated above, at 8:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis	

Other contributory causes of importance:

Bronchopneumonia

Name of operation Cholecystectomy Date of 5-14-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Charles A Insley, M. D.

(Address) Maryland Ave. Nork.

M. D. F 12865 F 12865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Union memorial Hospital St., Ward)
Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ...ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Nina Rebecca Davis

(a) Residence: No. 2328 N. Charles St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Harry Davis

6. DATE OF BIRTH (month, day, year) Feb. 2, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER
13. NAME Mr. Howard Mobley
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Miss Mollie Talbott
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Howard V. Mobley
(Address) 4618 Kansas Ave NW.

18. BURIAL, CREMATION, OR REMOVAL Washington DC
Baltimore Md Date 5/25 . 1935

19. UNDERTAKER W W Chambers
(Address) Washington DC

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, '35 . 19 . to May 23, '35 . 19 .
I last saw her alive on May 23 . 19 35 - Death is said to have occurred on the date stated above, at 4 20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Sepsis	?
(Coma)	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Henry M. Hansen . M. D.
(Address) Union Memorial Hospital

M. D. F 12866

99141 F 12866

F 12866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 10 Ward)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George James

(a) Residence: No. 1404 Hemple Alley Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, (Married,) Widowed, or Divorced (write the word): Mar

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 10/12/79

8. AGE: Years 55, Months 7, Days 8, If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME: Floyd James

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Lena Spencer

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Records JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Calvary Cem Date May 23 19 35

19. UNDERTAKER (Address): Robt K Mellin 1515 McCulloh St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to May 20 1935

I last saw him alive on May 20 1935 Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Edema of pulmonary septa	Jan 1934
Uraemia	Jan 1935
Other contributory causes of importance:	
Hypertension & Sclerosis Int Coron	"
Myocardial Disease	Feb 1935

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. D. Abbott M. D.

(Address) The Johns Hopkins Hospital.

M. D. F. 1268-9

F 12867

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12867

CERTIFICATE OF DEATH

82-8

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2437 Foster Ave. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Mehring

(a) Residence: No. 2437 Foster Ave., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Mehring

6. DATE OF BIRTH (month, day, year) Jan. 16, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Caroline Mehring

(Address) 2437 Foster Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 23, 1935

19. UNDERTAKER John F. Denny

(Address) 715 Light St

20. FILED May 23 1935, 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 1935

22a. I HEREBY CERTIFY, That I attended deceased from March 2 1935, to May 19 1935

I last saw her alive on May 19 6.00 1935 Death is said to have occurred on the date stated above, at a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Cerebral embolism	10 days

Other contributory causes of importance:

Auricular fibrillation	5 yrs.

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Albert S. Schwartz, M. D.

(Address) 3939 Fr Ellerslie St

M. D. P. 1268-9

F 12868 ✓ F 12868

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12868

CERTIFICATE OF DEATH

93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 W 25th St. St., 12 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret L Spann

(a) Residence: No. 406 W 25th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Spann.

6. DATE OF BIRTH (month, day, year) Oct 19, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: None 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Thomas Spann.
(Address) 3621 Chestnut Ave.

18. BURIAL, CREMATION, OR REMOVAL
Mount Cathedral Date May 24, 1935

19. UNDERTAKER C Kenneth Low
(Address) 2615-17 Chestnut Ave

20. FILED MAY 23 1935, 19 Huntington Pitcairn Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to May 22, 1935.
I last saw her alive on May 22, 1935. Death is said to have occurred on the date stated above, at 11:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	unknown

Other contributory causes of importance:

Myocardial Insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. K. Gardner Jr. M. D.

(Address) 1923 St Paul St

M. D. F 12869 F 12869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Holzman

(a) Residence: No. 3120 Foster Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Holzman

6. DATE OF BIRTH (month, day, year) March 20-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John C. Holzman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Mrs. Emma C. Lovemen

(Address) 3120 Foster Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date May 24 1935

19. UNDERTAKER George W. Zinkler

(Address) 1737 E. Eager St

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20. 1935. to May 21. 1935.

I last saw h[illegible] alive on May 21. 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Face	1916

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, state

(Signed) Robert Slaughter M. D.

(Address) University Hospital

M. D. F. 12870 F 12870

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 27-18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME Louis Quaglione

(a) Residence: No. 4947 Edgemere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 19, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19	11	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Quaglione

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Mary Tosker

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Domenico Quaglione
(Address) 4947 Edgemere Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemetery Date May 24 19 35

19. UNDERTAKER Frank Della Rose
(Address) 52 N. Morley St.

20. FILED MAY 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1935 to May 21st 35

I last saw him alive on 5-21-35, 19 Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

Chronic glomerular Nephritis Uremia.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Theodore A. Schwartz M. D.

(Address) c/o Mercy Hospital

D. B 1268-9

F 12871 F 12871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

2. FULL NAME Peter P. Toskes

(a) Residence: No. 263 S. Robinson St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Toskes

DATE OF BIRTH (month, day, year) Aug 2 1893

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	41	9	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. wholesale men's clothing factory

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Emilio Toskes

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Lucia Calzone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Maria Toskes

(Address) 263 S. Robinson St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date May 25, 1935

19. UNDERTAKER Frank Della Rose

(Address) 52 N. Morley St

20. FILED May 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	24hrs

Other contributory causes of importance: no history

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. W. Wright, M. D.

(Address) 1010 S. Edmondson Ave

Spec. 2-29-28—L. F. S.—500 Blks.

F 12872

F 12872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-c

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4412 Old York Road. ST. 27 WARD)

2—FULL NAME Geo Wm Gay

(a) RESIDENCE NO. 4412 Old York Rd ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widowed

a If married, widowed, or divorced HUSBAND of (or) WIFE of Widowed

DATE OF BIRTH (month, day, and year) Mar 15 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs or min
	71	2	7	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Contractor.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Bel Air, Md

10 NAME OF FATHER William Gay,

11 BIRTHPLACE OF FATHER (city or town) (State or country) England.

12 MAIDEN NAME OF MOTHER Julia Sullivan,

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Irland.

14 Informant George W. Gay, Jr.

(Address) 4412 Old York Road.

15 Filed 2 3 1935, 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 22/35

17 I HEREBY CERTIFY, That I attended deceased from June, 1934, to May 22, 1935, that I last saw him alive on May 22, 1935, and that death occurred, on the date stated above, at 10 15 A.m.

The CAUSE OF DEATH* was as follows:

Myocarditis

Hypertension

Cerebro sclerosis

Coma (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Pulmonary Edema

Cerebral (duration) yrs. mos. 8 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) W. H. Woods, M. D.

, 19 (Address) 640 Hamilton

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Frances Cemetery

DATE OF BURIAL May 25 1935

20 UNDERTAKER Howard K. McComas,

ADDRESS Abingdon, Md.

M. D. R. 2268-5

F 12873

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12873

CERTIFICATE OF DEATH

✓ 34 C-9-4-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Blanche Davis

(a) Residence: No. 1020 Vine St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Roosevelt Davis

6. DATE OF BIRTH (month, day, year) 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Portsmouth, Va

FATHER

13. NAME Willie Diggins

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Cresta

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Roosevelt Davis

(Address) 1020 Vine St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date May 23, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-20-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11-1935 to 5-20-1935

I last saw her alive on 5-20-1935. Death is said to have occurred on the date stated above, at 3:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion due to	
syphilitic aortitis	1 yr. (?)
Vegetative endocarditis	3 days
Pulmonary infarction	2 days

Other contributory causes of importance:

Cardiac Hypertrophy	2 yr.
Nervous tabes & Psoriasis	3 yr.
Hyperten 2 yrs	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. K. Davis, M. D.

(Address) University Hosp.

M. D. B. 1268-2 F 12871 F 12874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 125 Pine St., 17 Ward)

Length of residence in city or town where death occurred 2 yrs. 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Mark

(a) Residence: No. 125 Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy Mark

6. DATE OF BIRTH (month, day, year) 1883

7. AGE Years	Months	Days	If LESS than 1 day.....hrs. or min.
52			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

FATHER

13. NAME Pierce Mark

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mary Butts
(Address) 725 Pine St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date 11-04-23, 19

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to May 20, 1935.
I last saw h[illegible] alive on May 20, 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 18 1935

Other contributory causes of importance:

Name of operation None Date of M

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? M If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

12875

F 12875

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 122-D

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Melvin Pringle

(a) Residence: No. 660 W. Saratoga St., Ward. Baltimore, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Pringle

14. BIRTHPLACE (city or town) (State or country) Sumter, S. C.

MOTHER

15. MAIDEN NAME Mary Leonard

16. BIRTHPLACE (city or town) (State or country) Pylesville, Md.

17. INFORMANT Mary Pringle

(Address) 660 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date May 23, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder st.

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/24/35, 19, to 5/21/35, 19

I last saw h[illegible] alive on 5/21/35, 19. Death is said to have occurred on the date stated above, at 4:20 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	
Acute Pulmonary Edema	

Other contributory causes of importance:

Malnutrition

Name of operation Release of Adhesions Date of 5/20/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh R. McNally, M. D.

(Address) University Hosp.

M. D. P. 1268-9

F 12876

29918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12876

146-C

1. PLACE OF DEATH — JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ~~St.~~ 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Laughlin (Robert Blair Laughlin)

(a) Residence: No. 2206 Roslyn Ave ~~St.~~, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 12 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Thos Laughlin

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rachel Wylie

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park May 24 1935

19. UNDERTAKER Wm. J. Tickner & Son

(Address) 1 Mount Ave.

1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13. 1935 to May 22. 1935

I last saw him alive on May 22. 1935 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the colon-sphincter

Date of onset May, 1934

Other contributory causes of importance:

Metastases

Secondary anemia

1934-35

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M B Woodhall, M. D.

(Address) J. H. H.

H. D. B. 1268-0

F 12877

HEALTH DEPARTMENT—CITY OF BALTIMORE

12877

CERTIFICATE OF DEATH

Pronounced dead Balt City Hosp 82-a

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.) Registered No.

CITY OF BALTIMORE: (No. Gittman's Camper Newgate Ave St. Ward) Transient

Length of residence in city or town where death occurred yrs. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Weston Simon

(a) Residence: No. 119 Greenhill Rd Birkenhead, England Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

a. If married, widowed or divorced HUSBAND of (or) WIFE of Alice Lot Simon

6. DATE OF BIRTH (month, day, year) Dec 30 1887 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48 47	4	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. City of Worcester of London England

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Birkenhead England

13. NAME John Simon

14. BIRTHPLACE (city or town) (State or country) Birkenhead England

15. MAIDEN NAME Rachael Preston

16. BIRTHPLACE (city or town) (State or country) Birkenhead England

17. INFORMANT Mrs. Alice Lot Simon
Liverpool Birkenhead England

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date May 23, 1935

19. UNDERTAKER Lt J Tucker & Sons
(Address) 1 Zeltner Place

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h. alive on . 19 . Death is said to have occurred on the date stated above, at 1205 P.M.

The principal cause of death and related causes of importance were as follows: Date of onset

Probably Cerebral apoplexy

Other contributory causes of importance:
arterial hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268-9

12878

F 12878

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Harbor - Foot of Thames St., 8 Ward)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Cole or Wenglewicz

(a) Residence: No. 1026 N. Milton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) October 21, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Wenglewicz

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Helen Zapolowicz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Stephen Cole (Brother)
(Address) Townsend Delaware

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date May 24th 1935

19. UNDERTAKER George A Weber
(Address) 505 E Lanvale St

FILED 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia by drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury May 21, 1935

Where did injury occur Harbor - Foot of Thames St Balto, Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Fell over into harbor

Nature of injury Asphyxia by drowning

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Wheeler, Coroner M. D.

(Address) 1919 E. North Ave.

M. D. F. 1268-9

F 12879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12879

CERTIFICATE OF DEATH

J 92-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 400 Whitridge Ave Ward 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 2 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cecelia M. Gunning

(a) Residence: No. 400 Whitridge Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph P. Gunning

6. DATE OF BIRTH (month, day, year) Mar. 26, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) Nov 1934

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James McCaffrey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Joseph P. Gunning

(Address) 400 Whitridge Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 24 1935

19. UNDERTAKER Elmer W. Coughlin

(Address) 929 E. Eager St.

20. FILED MAY 23 1935 Henry E. Lee, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 31st 35 to May 21st 35

I last saw her alive on May 21st 35 Death is said to have occurred on the date stated above, at 4.45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	1934
Other contributory causes of importance: Endocarditis	

Name of operation None Date of

Autopsy? Where an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph P. Gunning M. D.

(Address) 401 E 25th St.

M. D. B. 12[illegible] F 12880 Brussio F 12880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel Brussio

(a) Residence: No. 1314 Wilson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
male	white	Child

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Aug. 8, 1934

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9 mo	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Brussio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Fannie Stefanini

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Samuel Brussio
(Address) 1314 Wilson St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Vincent Cemetery Date May 24 1935

19. UNDERTAKER Elmer W. Eggleston
(Address) 224 Chapel St.

DATE FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935 to May 22, 1935

I last saw him alive on May 22, 1935 Death is said to have occurred on the date stated above, at 6:20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Acute pharyngitis	
2. Bronchopneumonia (at)	

Other contributory causes of importance:

Name of operation Tracheotomy Date of 5-22-35

What test confirmed diagnosis [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B. 1929 F 12881 ✓ F 12881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4417 Park Heights Ave, St., 27-16 Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John A. Eiseman,

(a) Residence: No. 4417 Park Heights Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: BUSBAND of (or) WIFE of Ida V. Eiseman,

6. DATE OF BIRTH (month, day, year) September 12. 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 40 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME John Eiseman,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Ruhl,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Ida V Eiseman (Address) 4417 Park Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL MAY 25 1935
Place Loudon Park Date 19

19. UNDERTAKER Harry W. Eblen (Address) 1944 W. North Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 35 to May 22 35

I last saw h in alive on May 2 35 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Chronic Endocarditis	about 1 yr.
Acute Dilatation	2 days
Other contributory causes of importance:	
Arteriosclerosis	3 yr.

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.

(Address)

M. D. B. 1268-9

✓ F 12882

12882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Balto. City Hospital · Tuberculosis Division Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George West

(a) Residence: No. 727 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rilla West

6. DATE OF BIRTH (month, day, year) March 25, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Feb. 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Florida

FATHER

13. NAME Cole West

14. BIRTHPLACE (city or town) (State or country) Africa

MOTHER

15. MAIDEN NAME Ophelia (?)

16. BIRTHPLACE (city or town) (State or country) Ga.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 23, 19 35

19. UNDERTAKER
(Address)

20. FILED 23 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 18, 1935.

I last saw him alive on May 18, 1935 Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary Tuberculosis	Mar. 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
NO If so, specify .....

(Signed) Meyer M Jacobson, M. D.

(Address) Balto. City Hospital

M. D. B. 1268-9

12883 ✓ E 12883

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1620 Orleans St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Ford

(a) Residence: No. 1620 Orleans St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Unknown

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Unknown

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unknown 2087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Dr. George S. Allen

(Address): 507 Asquith St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Universal Date: May 23, 19 3[illegible]

19. UNDERTAKER

(Address)

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 18, 19 30

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4 A ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic Nephritis	?
Chronic Myocarditis	

Other contributory causes of importance:

Heart Failure

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 12884

2884

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1416 E. Monument St., 10 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Wesley Goldsborough

(a) Residence: No. 1416 E. Monument St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
38	?			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Warehouse

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Northeastern Police Station
(Address) Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 23, 1935

19. UNDERTAKER .....
(Address) .....

20. FILED May 23 1935 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19, 35

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

12885 ✓ F 12885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 4 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Elizabeth Buck

(a) Residence: No. 2946 Hyman Parkway St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 29 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	55	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles H. Buck

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Rosella Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Rose Buck

(Address) 2946 Hyman Parkway

18. BURIAL, CREMATION, OR REMOVAL

Place 5/24/35 Woodlawn cem. Date 5/24 1935

19. UNDERTAKER J. Frotan 3006 Balto

(Address)

20. FILED MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to May 22 1935

I last saw h[illegible] alive on May 21 1935. Death is said to have occurred on the date stated above, at 1:27 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	unknown
Chronic Myocarditis	unknown

Other contributory causes of importance:

Uremia	Unknown
Hypertension	unknown

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Leo. H. Sadlacek, M. D.

(Address) Church Home & Infirmary

M. D. F. 1268-9

F 12886

12886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 124-B

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

CITY OF BALTIMORE: (No.) St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis H. Korff

(a) Residence: No. 9 Berkely Lydelane St., Towson Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of Emma (name)

6. DATE OF BIRTH (month, day, year) Jan. 29, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coats

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Ferdinand Korff

14. BIRTHPLACE (city or town) (State or country) Germany ?

MOTHER

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Cem. Date 5-25-35

19. UNDERTAKER Theodore R. Humphreys

(Address) 520 N. Broadway

FILED 5-23-1935 Huntington Avenue, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 22, 1935

I last saw h/m alive on May 22, 1935 Death is said to have occurred on the date stated above, at 11:35 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bleeding ulcer Cardia of the Liver	1932
Other contributory causes of importance: Anemia, secondary	1932-33

Name of operation Gastro-enterostomy Date 5/11/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. T. Briggs, M. D.

(Address) Johns Hopkins Hosp.

M. D. B 1268-4

12887

HEALTH DEPARTMENT—CITY OF BALTIMORE

12887

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St. 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Foor

(a) Residence: No. 3300 Chesterfield Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/24/1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	16	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Walter Foor

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Walter Foor
(Address) 3300 Chesterfield Ave

18. BURIAL, CREMATION, OR REMOVAL
Place W. Lawn Cem Co Date 5/25/35

19. UNDERTAKER [illegible]
(Address) 156 N. Arch St.

20. FILED ..... 19..... Registrar.

23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 05 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Pelvis	May 18
Fat Embolism to Brain	May 18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury May 18 1935.
Where did injury occur? House of Good Shepard Md.
(Specify city or town, county, state)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury Attempt to escape Institution
Nature of injury Fall

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Orrin B. Wallace M. D.
Coroner
(Address) 1031 St Paul St

M. D. F 1268-9

✓ F 12888

12888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 48

CITY OF BALTIMORE: (No.) St., 706 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Enders (MYRTLE GENEVA ENDERS)

(a) Residence: No. 2536 E. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of Tony Enders

6. DATE OF BIRTH (month, day, year) Sept 17 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
43	8	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Wm Mitchell

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Willie Porter

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Date May 24.1935

(Place)

19. UNDERTAKER HENRY SANDER & SONS. INC

(Address) Baltimore & Broadway.

20. FILED 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 21 1935

I last saw h[illegible] alive on May 21 1935. Death is said to have occurred on the date stated above, at 6.30 P m.

The principal cause of death and related causes of importance (if any) is as follows:

	Date of onset
Cerebral Hemorrhage	1935
Uremia.	
(Other contributory causes of importance: Recto vaginal fistula	1929
Exploration	
Name of operation Biopsy	Date of 1935
What test confirmed diagnosis?	Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signature) Samuel A Gore M. D.

(Address) Balto City Hospitals

M. D. P. 1268-2

F 12889

HEALTH DEPARTMENT—CITY OF BALTIMORE

12889

CERTIFICATE OF DEATH

x 93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. 15 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Lambert.

(a) Residence: No. New Windsor, Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Alice

6. DATE OF BIRTH (month, day, year) 9/5/1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Pipe Creek Cem. Date May 20 1935

Place

19. UNDERTAKER [illegible]
(Address)

20. FILED MAY 23 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/18 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30 1935 to 5/18 1935

I last saw him alive on 5/18 1935 Death is said to have occurred on the date stated above, at 1.40 m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary occlusion (a)	7 hrs. ?
Myocardial insufficiency	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

24. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1269

F 12890

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12890

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Floyd W. Poe

(a) Residence: No. / Beltsville Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/11/1918

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
17	1	12	11

OCCUPATION

8. (Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. / None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. /

10. Date deceased last worked at this occupation (month and year) /

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Beltsville Md

FATHER

13. NAME Thomas C Poe

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mattie C Gore

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Thomas C Poe

(Address) Beltsville Md

18. BURIAL, CREMATION, OR REMOVAL Laurel Md Date 5/27/35

19. UNDERTAKER Lloyd Cooper

(Address) Laurel Md

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19 35. Death is said to have occurred on the date stated above, 2:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound fracture of left elbow	
Streptococcus Septicemia	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? / Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 5/19, 1935

Where did injury occur? Jessups Md

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collided with Motor Car

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Herbert Gurley Wells Coroner, M. D.

(Address) 5412 Park Heights

M. D. No. F 12891

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12891

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. Johns Hopkins St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 6 mos. 2 dy. How long in U. S. If of foreign birth? yrs. mos. dys.

2. FULL NAME Mamie Bleichfeld

(a) Residence: No. 222 Lisenring Ave St., Ward. Buffalo N.Y.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sol

6. DATE OF BIRTH (month, day, year) 6/4/00

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME Samuel Sapoltsky

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Jennie Whitfield

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Records—

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Buffalo N.Y. Date May 25 1935

19. UNDERTAKER John O. Mulcahy & Sons

(Address) 900 Niagara Place

FILED MAY 23 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935, to May 23, 1935

I last saw her alive on May 23, 1935. Death is said to have occurred on the date stated above, at 7:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	1935

Other contributory causes of importance:

Name of operation Ventriculography Date of 5/20/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward J. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

F 12892 ✓ F 12892

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3113 Northern Pkway Drive St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Antoinette Lafond — If U. S. Veteran specify WAR .....

(a) Residence: No. 3113 Northern Pkway Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Jean La Fond

6. DATE OF BIRTH (month, day, year) Feb. 12. 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	3	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Rudolph Grimzer

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Jean Lafond
(Address) 3113 Northern Drive

18. BURIAL, CREMATION, OR REMOVAL
Place Moreland Park Date May 25th 1935

19. UNDERTAKER J. M. Cole
(Address) 124 St Paul St

20. FILED MAY 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH (22)

21. DATE OF DEATH (month, day, year) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1935, to May 22, 1935

I last saw h[er] alive on May 24 1935. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy — Sudden	
Other contributory causes of importance: Organic Heart disease & Arterio vascular syndrome	1932

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....

(Signed) Fritz J Grimzer, M. D.

(Address) 2700 Hereford Ave

M. D. B. 12-9 B 12893 Wiegand ✓ F 12893

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

1. PLACE OF DEATH West Balto. Gen'l Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bayview & Lubeland St., 20 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Michael Wiegand

(a) Residence: No. 2228 West Baltimore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Matilda Wiegand

6. DATE OF BIRTH (month, day, year) April 1st 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Konig

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) ..

MOTHER

15. MAIDEN NAME Mary Blum

16. BIRTHPLACE (city or town) (State or country) Catonsville Md

17. INFORMANT Matilda Wiegand
(Address) 2228 W. Balto. St.

18. BURIAL, CREMATION, OR REMOVAL.
Place Cathedral Date 5/27, 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to May 22, 1935
I last saw ~~him~~ alive on May 22 1935. Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma left lung	?
~~Bronchiectasis~~	?
Bronchiectasis	?
Multiple Abscess of Lungs	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Leon Ackerman M. D.

(Address) West Baltimore Gen'l Hosp.

H. D. B 1268-9

F 12894 ✓ F 12894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 E. Federal St. St. 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 5 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George C. Huber

(a) Residence: No. 1618 E. Federal St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) Carrie A. Huber

6. DATE OF BIRTH (month, day, year) December 19, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	61	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building & Loan Association

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Huber

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Carrie A. Huber (Wife)
(Address) 1618 E. Federal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 27, 1935

19. UNDERTAKER Henry Heck Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED MAY 27 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cardiac Failure	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schweicher, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. P. 1936-3 35-12895 ✓ F 12895

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1995 133

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane McMurray

(a) Residence: No. 1.P.C.A. Victoria Co St., ... Ward. Montreal, Canada
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 28, 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	11	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. J. -

FATHER

13. NAME James McMurray

14. BIRTHPLACE (city or town) (State or country) N. J.

MOTHER

15. MAIDEN NAME Marian Smith

16. BIRTHPLACE (city or town) (State or country) Penn -

17. INFORMANT Friends -
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Millville N.J. Date May 25 1935

19. UNDERTAKER Henry W. Meadows
(Address) 201 N. Calvert St.

FILED 5-24-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1935 to May 23 1935

I last saw her alive on May 23 1935. Death is said to have occurred on the date stated above, at. 3 15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Pyelonephritis	
Hypertension	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. E. Bunts M. D.

(Address) Johns Hopkins Hospital

M. D. P. 1206-2 F 12896 F 12896

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2608 Hudson St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Koszubski

(a) Residence: No. 2608 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Md

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 1896

7. AGE: Years 39 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 15 20

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Marion Koszubski

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Josefa Wyrzykowska

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT (Address): Josefa Koszubska 2608 Hudson St

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Rosary Date: May 26, 1935

19. UNDERTAKER: John Fudd

(Address): 258 Hudson St

20. FILED: 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to May 22, 1935

I last saw him alive on May 19, 1935. Death is said to have occurred on the date stated above, at 3:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Advanced Pulmonary Tuberculosis	
Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Andrew Rustowski, M. D.

(Address) 2579 Eastern Av.

M. D. B. 1263-9

F 12897

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 65 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Carrie Hornstein

(a) Residence: No. 1814 W. North Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 60; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hungary

FATHER

13. NAME: V. Krausz

14. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER

15. MAIDEN NAME: V. Krausz

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: Simon C. Hornstein (Address) 3313 Pamlatten ave

18. BURIAL, CREMATION, OR REMOVAL: Place Sinai Date 5/24/35 19

19. UNDERTAKER: Jack Levin Inc (Address) 1439 E. Baltimore St.

20. FILED 5-24 1935 19 Hunter [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-35 19

22. I HEREBY CERTIFY, That I attended deceased from May 22 1935 to May 23 1935

I last saw her alive on May 23 1935. Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Chronic myocarditis	
Cardiac hypertrophy & dilatation	
Cardiac insufficiency	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Hurwitz M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

Halpern

F 12898

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12898

CERTIFICATE OF DEATH

87-B

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. West Balto. Gen'l Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Joseph Halpern

(a) Residence: No. 1051 N. Stricker St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Sarah

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Grocery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. Moulyan

(Address) 3611 Gramby Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 5/24/35 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 1439 E. Baltimore St.

20. FILED 5/24 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21/35 , 19 , to 5/23/35 , 19 ...

I last saw him alive on 5/23/35 , 19 . Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	"
Pulmonary Oedema	"
Acute Cardiac Failure	"
Cerebral Sclerosis	"
	2 mos
Other contributory causes of importance: Bronchopneumonia	5/16/35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Emil B. Wilde , M. D.

(Address) West Balto. Gen'l Hosp.

M. D. B. 1268-9

F 12899

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12899

CERTIFICATE OF DEATH

121

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hosp'l Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma F. Parlett

(a) Residence: No. 303 Warren Av St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edward T Parlett

6. DATE OF BIRTH (month, day, year) March 20 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Don't Know

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Jeanette R Wilson
(Address) 1264 Talbert st Washington D C

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 24 1935

19. UNDERTAKER John F. Dehny
(Address) 715 Light St

20. FILED ... 19... Registrar.

MAY 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1935 to 5/21 1935

I last saw h.. alive on 5/20 1935 Death is said to have occurred on the date stated above, at 6:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gangrenous Appendicitis	5/13/35
Other contributory causes of importance:	
Pulmonary Congestion	5/19/35
Hypostatic Pneumonia	5/20/35

Name of operation Appendectomy Date of 5/17/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isaac Miller M. D.

(Address) 228 E. Chase St.

M. D. P. 1268-9

29035-16 12900 V F 12900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

62

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Charles Smith

(a) Residence: No. 110 E Lanvale St. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Addie

6. DATE OF BIRTH (month, day, year) 5/6/92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
43		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Jim Smith

14. BIRTHPLACE (city or town) (State or country) Va -

MOTHER

15. MAIDEN NAME Fannie Payne

16. BIRTHPLACE (city or town) (State or country) Va -

17. INFORMANT (Address) Friends - JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date May 23rd 1935

19. UNDERTAKER (Address) Archibald L. Gaddis 1301 McCulloh St.

MAY 24 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to May 21, 1935.

I last saw him alive on May 21, 1935. Death is said to have occurred on the date stated above, at 7 05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pellagra	?
	2 Yrs. 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry D. Stobbe M. D.

(Address) The Johns Hopkins Hospital.

F 12901

F 12901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

299-77 Gyn

48

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estelle Cooper

(a) Residence: No. 322 - 20½ So St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced (or) WIFE of: Edward Cooper

6. DATE OF BIRTH (month, day, year): June 26 1889

7. AGE: Years 45; Months 11; Days 2; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Peter Washington

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Maria Clark

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT: Records (Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL: Pt. Lot Date 5/26/35

19. UNDERTAKER: Jas. McShea & Son (Address) 638 N. Gilmor

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): MAY 22 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19 1935 to May 22 1935

I last saw her alive on May 22 1935 Death is said to have occurred on the date stated above, at 3:22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sarcoma of uterus	Not determined
Sarcoma metastases to omentum and pelvic peritoneum	?
Other contributory causes of importance: Hyperthyroidism	1930

Name of operation: Hysterectomy Excision of omentum Date of: May 22.

What test confirmed diagnosis? Pathology Was there an autopsy? yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph D. Beck M. D.

(Address) Johns Hopkins Hospital.

M. D. B 1268-9

F 12902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12902

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) (Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eulysses Louis Green

(a) Residence: No. 525 W Lanvale St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of Viola Green
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 6 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Robt Green

14. BIRTHPLACE (city or town) (State or country) West Indies

MOTHER

15. MAIDEN NAME Maria Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Fortunate Cromwell
(Address) 850 Vines

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5 25 1935

19. UNDERTAKER Saml. J. Case & Son
(Address) 638 N. Pine

24. FILED 24 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-22-1935 to 5-22-1935

I last saw him alive 5-22-1935. Death is said to have occurred on the date stated above, at 1:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy (Hemorrhage)	5/20/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Geo. L. Allen M.D.
Coroner

(Address) 501 Courthouse

M. D. P. 1268-9

12903 HEALTH DEPARTMENT—CITY OF BALTIMORE 12903

299260

CERTIFICATE OF DEATH

92-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) JOHNS HOPKINS HOSPITAL St. 21 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Butler

(a) Residence: No. 506 W. Lanvale St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William

6. DATE OF BIRTH (month, day, year) 2/6/86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49 148	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Samuel Watkins

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Rose Taeherna

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 25 1935

19. UNDERTAKER James A. Hayes

(Address) [illegible] W. Hill Street

20. FILED MAY 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to May 21, 1935

I last saw her alive on May 21, 1935. Death is said to have occurred on the date stated above, at 9:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage into liver - subcapsular	? 1934
myocardial failure	3 days
mitral stenosis + insufficiency	?
hypertension	
ascites	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ? Date of injury ? 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? not known If so, specify

(Signed) H. B. Shaw, M. D.

(Address) Johns Hopkins Hosp.

F 12904

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12904

CERTIFICATE OF DEATH

V 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William [redacted] Young.

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3/30/1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Nashville, Tenn

FATHER

13. NAME John Young.

14. BIRTHPLACE (city or town) (State or country) Tenn!

MOTHER

15. MAIDEN NAME Mary Vault

16. BIRTHPLACE (city or town) (State or country) Tenn.

17. INFORMANT P. R.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Johnsonville Tenn. Date 5-23 1935

19. UNDERTAKER Dyson & Mamie W. Wright
(Address) 218 McElderry St. Baltimore Md.

20. Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/7 1934 to 5/21 1935

I last saw h[illegible] alive on 5/21 1935 Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.
Hypertensive heart disease	1 yr (?)

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Veatch M. D.

(Address) Balto City Hosp.

M. D. F. 1268-9

F 12905

F 12905 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. St. Agnes' Hospital Wilkens & Caton Ave. Ward)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie C Auer

(a) Residence: No. 2839 Frederick ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (w) WIFE of Charles T Auer

6. DATE OF BIRTH (month, day, year) Dec 29/1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co. Md

FATHER

13. NAME Louis F. Linder

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elmorah Pigman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Charles T. Auer
(Address) 2839 Frederick Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem Date May 27 1935

19. UNDERTAKER Harry J. Almond & Son
(Address) 4164 Reisterstown Rd

20. FILED 19 Registrar

S 3

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935 to May 23, 1935.
I last saw her alive on May 23, 1935. Death is said to have occurred on the date stated above, at 3 30 a. m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Hypertensive Heart disease	?
Broncho-Pneumonia	5-18-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Markel M. D.

(Address) 20 E Lanvale St

FILED 2 1935

M. D. H. 1268-a

F 12906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12906

CERTIFICATE OF DEATH

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Registered No. 167

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Herrmann (William Martin Herrmann)

(a) Residence: No. 3501 Copley Rd. St., ... Ward. Correct Name

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	M.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ~~Lotta Herrmann~~ Lotta Herrmann

6. DATE OF BIRTH (month, day, year) Aug 5, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lay Dulaney Kenny Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co. Stationdy

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John M. Herrmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Eckhardt

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Edwin M. Herrmann

(Address) 2641 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 24. 35

19. UNDERTAKER Wm. J. Tichnor & Son

(Address) Mich & Pa Ave.

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound in left Chest	5/5/35
Cerebral Embolism	5/21/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury 5/5/1935

Where did Injury occur? Dulaney Kenny Office (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury Self Inflicted

Nature of Injury Bullet in left Chest

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edwin B. Wallace M. D. Coroner

(Address) 1031 St Paul St.

M. D. P. 1259 F 12907

F 12907

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4011 Penhurst Ave. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 4 mon. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Carmichael Morris

(a) Residence: No. 4011 Penhurst Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): January 1st 1878

7. AGE: Years 57 | Months 4 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired 1932

10. Date deceased last worked at this occupation (month, day, year): 1925

11. Total time (years) spent in this occupation: 10

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Dr George Morris

14. BIRTHPLACE (city or town) (State or country): Bolton Md

MOTHER

15. MAIDEN NAME: Elizabeth Carmichael

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Mrs Elizabeth C. Morris

(Address) 4011 Penhurst Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: May 2d 1935

19. UNDERTAKER: Wm J. Tuckey & Sons

(Address) North & Penna

FILED: MAY 2 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/22 1935 to 5/28 1935

I last saw him alive on 5/27 1935 Death is said to have occurred on the date stated above, at 5 40 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/21?

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If no, specify

(Signed) Henry Hagerstown M. D.

(Address) 302 Graceland Ave Balto Md.

M. D. R. 1268-2

F 12908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12908

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3005 Philadelphia Ave St., 6 Ward)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Emil Eckert

(a) Residence: No. 3005 Philadelphia Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~) of Marie Eckert

6. DATE OF BIRTH (month, day, year) June 4, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Police Boat

10. Date deceased last worked at this occupation (month and year) May 22, 1935

11. Total time (years) spent in this occupation 14 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry B. Eckert

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Marie Eckert (Wife)
(Address) 3005 Philadelphia Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date May 25, 1935

19. UNDERTAKER John Gilbert
(Address) 2208 Eastern Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Paul Schenker Coroner, M. D.
(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 12909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12909

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1528 N. Appleton St., 15 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rebecca Handwurgen

(a) Residence: No. 1528 N. Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Samuel Handwurgen

6. DATE OF BIRTH (month, day, year) [illegible] 1850

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Sol Wintzig

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Handwurgen
(Address) 1528 N Appleton St

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Rosedale Date May 24 1935

19. UNDERTAKER Sol Levinson & Bros
(Address) 1127 E Baltimore St

20. FILED MAY 24 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935, to May 23, 1935
I last saw h[illegible] alive on May 23, 1935. Death is said to have occurred on the date stated above, at 1105 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes and Arteriosclerosis	?
Other contributory causes of importance: Coronary Thrombosis	

Name of operation None Date of —

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury —

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) B. Kadin M. D.

(Address) 2306 Eutaw Pl. Balto Md

OCCUPATION is very important. See instructions on back of certificate.

V-B-3

M. D. B. 1268-9

F 12910

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12916

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 137

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 36 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Gaines

(a) Residence: No. 1701 Ditmas Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 5, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? do

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Aaron Gaines

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Laura Williams

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 5/25 35

19. UNDERTAKER Wm. A. Jackson

(Address) 766 Pulaski

FILED 5/24 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 25, 1935

I last saw him alive on May 23, 1935 Death is said to have occurred on the date stated above, at 3A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatic Hypertrophy	?
	about
Other contributory causes of importance	
Uremia	5/17/35

Name of operation Cystostomy Date of 5/18/35

What test confirmed diagnosis? W.B.C. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed Samuel H. Good, M. D.

(Address) Baltimore City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

12911

HEALTH DEPARTMENT—CITY OF BALTIMORE

12911

CERTIFICATE OF DEATH ✓ 205-M

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Julian Balakier

(a) Residence: No. 741 S. Montford Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Teofila Balakier

6. DATE OF BIRTH (month, day, year) Ho not known. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Laborer. Helper 0047

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Balakier

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Pauline Ostrowski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Teofila Balakier
(Address) 741 S Monford Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May, 25, 19

19. UNDERTAKER Fred W. Ozazewski
(Address) 1900 Eastern Ave.

24 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ..., to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7.05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Traumatism of Chest	5.22.1935
Shock	

Other contributory causes of importance:

Name of operation No Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5.22.1935 19 ...

Where did injury occur? (Specify city or town, county, and State) Mt. Clare Shops B&O R.R.

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by fragment of broken wheel

Nature of injury Fractuer Ribs on R. Sideunest Lung

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Breaking of Emery Wheel

(Signed) ... M. D. Coroner

(Address) 2757 W. Mosher

M. D. B. 1768-9 12912 F 12912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH Union Memorial Hospital — Registered No.

CITY OF BALTIMORE: (No.) St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Walton Balgiano (Married)

(a) Residence: No. Blackstone Apts (Charles & 33rd Sts) St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dr. Walton Balgiano.

6. DATE OF BIRTH (month, day, year) Sept. 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME Thomas Kane

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Anna Mara

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. J. A. Wade Thomas (Address) 106 Wyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Greenmount Date 5-25-1935

19. UNDERTAKER Norman Lemmon (Address) 761 Park Heights Ave.

20. FILED 5-24-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 23 1935

I last saw her alive on May 23 1935 Death is said to have occurred on the date stated above, at 10 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1yr ago

Other contributory causes of importance:

Hypertensive Heart disease Arteriosclerosis

Name of operation Colostomy Date of 5-10-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Landon Landstale M. D.

(Address) 1 W. Mt. Vernon Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12913 E 12913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 18 Ward)

Since 1866.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Mitchell.

(a) Residence: No. 924 N. Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1844.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Beth.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal, of Md. Date May 24 1935

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

24 1935 1401

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/1935

22. I HEREBY CERTIFY, That I attended deceased from 7/4/1935 to 5/21/1935

I last saw him alive on 5/21/1935. Death is said to have occurred on the date stated above, at 6 30/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. F. 1268-9

F 12914

12914 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lyth Lane Hospital Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Dyer

(a) Residence: No. 406 Myrtle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col -	Sing G

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 16 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
1	7	4 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Francis Dyer

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Marjorie Savage

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date May 24 19 35

19. UNDERTAKER

(Address)

20. FILED 24 1935 Hunter for Fitz

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 20 19 35 to May 22 19 35

I last saw h alive on May 22 19 35 Death is said to have occurred on the date stated above, at 7:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Meningococcus Meningitis.	?

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Daniel E. Eggerad M. D.

(Address) Lyth Lane Hospital

State CAUSE OF DEATH in plain terms, so that it may be understood. OCCUPATION is very important. See instructions on back of certificate.

1405 Myrtle

M. D. B 1268-9

12915 F 12915

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Rueben A. Brown

(a) Residence: No. 612 East Clement St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 18, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
46	47	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Br. R.R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Ruben A. Brown

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Minerva Glibel

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Mary Brown
(Address) 612 E. Clement St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date May 24, 1935

19. UNDERTAKER Fred A. Krause & Son
(Address) 103-5 S. Hanover St.

20. FILED May 24 1935, 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 20 35, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fell from moving train crushed left arm and caused fatle hemorrhage.	

Other contributory causes of importance:

No history,

Name of operation ..... Date of .....

What test confirmed diagnosis? Hemorrhage Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury ....., 19.....

Where did injury occur? Illchester Md,
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Fell from train

Nature of injury Crushed left arm and shoulder

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Was brakeman

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

F 12916

12916

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 166 W. Hamburg St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. — mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cephas Dixon

(a) Residence: No. 166 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eliza Dixon

6. DATE OF BIRTH (month, day, year) Sept - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	3	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Scowman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal Barge

10. Date deceased last worked at this occupation (month and year) 5/21/35

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Island Creek Maryland

FATHER

13. NAME Fletcher Dixon

14. BIRTHPLACE (city or town) (State or country) Island Creek Maryland

MOTHER

15. MAIDEN NAME Annie Lewis

16. BIRTHPLACE (city or town) (State or country) Island Creek Maryland

17. INFORMANT William C Dixon
(Address) 1838 W Lexington

18. BURIAL, CREMATION, OR REMOVAL Island Cem (Calvert Co) Date 5/24/35

19. UNDERTAKER Isaac L Brown & Son
(Address) 108 N Montgomery St

20. FILED ....., 19..... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1935 to 5/23, 1935

I last saw h alive on 5/23, 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	
5 days	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Duncan M. D.

(Address) 1212 W Lee St

2 1935

Reg'd

M. D. R. 1268-9

F 12917

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12917

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 84 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Sarah J. Flannery

(a) Residence: No. 922 W. Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of late Patrick F.

6. DATE OF BIRTH (month, day, year) Oct 28th 1851

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
83	84	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Glennon

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Cox

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Edith J. Cole

(Address) #3 Calvon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date 5/25/35

19. UNDERTAKER John Kovany & Son

(Address) 901 Hollins St

20. FILED 5/24/1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 17, 1935 to May 22, 1935

I last saw her alive on May 22, 1935 Death is said to have occurred on the date stated above, at 7:40 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Femur
Arteriosclerosis C-V Renal.

Date of onset

Other contributory causes of importance:

Operation none Date of

Did test confirmed diagnosis? Was there an autopsy?

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thos Harry Guinan M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

V. S. B.

M. D. F. 1268-9

F 12918

12918

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 Edmondson Ave. Ward 17)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Cooper

(a) Residence: No. 819 Edmondson St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ora Cooper

6. DATE OF BIRTH (month, day, year) April 5, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Jacob Cooper

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ora Cooper

(Address) 819 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 25 1930

19. UNDERTAKER P. A. Pete R. Williams

(Address) 822 N. Schroeder St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22 1930

22. I HEREBY CERTIFY, That I attended deceased from May 19 1930 to May 22 1930

I last saw him alive on May 22 1930 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 19 1930
Other contributory causes of importance:	
Hypertension	?
	1

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. A. Fiser M. D.

(Address) 1537 Eaton St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12919

12919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 19 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Floyd Shanton

(a) Residence: No. 217 N Bruce St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar. 13 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0063

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Middlesex Co Va

FATHER

13. NAME Useby Thornton

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Whiting

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elizabeth Thornton

(Address) 217 N Bruce St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date May 25, 1935

19. UNDERTAKER Mrs. Estie R. Williams

(Address) 3211 Schroeder St.

20. FILED 24 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-20, 1935, to 5-22, 1935

I last saw him alive on 5-22, 1935. Death is said to have occurred on the date stated above, at 10 22 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bilateral Lobar Pneumonia	5-16-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. LeCompte, M. D.

(Address) Provident Hosp

State CAUSE OF DEATH in plain terms. Indefinite or illegible answers will delay registration. OCCUPATION is very important. See instructions on back of certificate.

F 3

M. D. P. 1269-0

F 12920

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12920

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hendricks

(a) Residence: No. 1533 N. Milton ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank L.

6. DATE OF BIRTH (month, day, year) 6-13-73

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	11	23 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Calvin Garrett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hallie Bagby

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 5/25 1935

19. UNDERTAKER Roland L. Fackler
(Address) 617 N. Monroe St

20. FILED MAY 24 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to May 23, 1935

I last saw her alive on May 23, 1935 Death is said to have occurred on the date stated above, at 3:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Arteriosclerotic heart Disease Myocardial failure Years	? Apr. 1, '35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stratton M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

12921

F 12921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH Little Sisters of the Poor

Registered No.

CITY OF BALTIMORE: (No. 1200 Valley St. 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Agnes Webb

(a) Residence: No. Little Sisters of the Poor-1200 Valley St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clinton Webb

6. DATE OF BIRTH (month, day, year) 26 January 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	3	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME William Dempsey

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Catherine Gormely

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislas, Supr.

(Address) 1200 - Valley St., City

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date May 25, 1935

19. UNDERTAKER Rita Winfield

(Address) 912 Greenmount Ave.

20. FILED 5-24-1935 Hamilton Kinsell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 23 May, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to May 23, 1935

I last saw her alive on May 17, 1935 Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Endocarditis	?
Other contributory causes of importance:	
Hypostatic Congestion	?
Acute Dilation	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. McCarthy, M. D.

(Address) 1114 Eutaw Pl.

state CAUSE OF DEATH in plain terms so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-0

F 12922

12922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 E 29 St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1/4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Carroll Logue

(a) Residence: No. 1715 E. 29 St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes C. Logue

6. DATE OF BIRTH (month, day, year) Oct 5 1878 Oct 6 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57 ~~54~~	7	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pewter. 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Edgewood Arms Apartments Contractor

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Logue

14. BIRTHPLACE (city or town) (State or country) Ireland Balto Md

MOTHER

15. MAIDEN NAME Harriet Lagus. Husband Baltz

16. BIRTHPLACE (city or town) (State or country) Unknown Md

17. INFORMANT Mrs Agnes Logue

(Address) 1715 E 29

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral, Date May 24, 1935

19. UNDERTAKER Kirk Wedfield

(Address) 914 Greenmount Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to May 22, 1935

I last saw him alive on May 21, 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	5 days
Hypertension	3 yrs
Arteriosclerosis	3 yrs.

Other contributory causes of importance:

Chronic Interstitial Nephritis	3 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Thos. F. A. Stevens M. D.

(Address) 2878 Stafford Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement must be filled in. OCCUPATION is very important. See instructions on back of certificate.

V 5 3

MAY 24 1935

M. D. P. 1268-9

F 12923

12923 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1300 N. Belvedere Ave. 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William F. Wallick

(a) Residence: No. 1300 N. Belvedere Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Anna R. Wallick

6. DATE OF BIRTH (month, day, year): July 19-1874

7. AGE — Years: 60 | Months: 10 | Days: 4 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Pa. R.R. 0073

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Shrewsbury Pennsylvania

FATHER

13. NAME: Christ Wallick

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Elizabeth Diehl

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Anna R. Wallick
(Address) 1300 N. Belvedere Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Parkwood Date: May 25. 1935

19. UNDERTAKER: Horace F. Burgee
(Address) 3631 Falls Road

MAY 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3. 1935 to May 23 1935.

I last saw him alive on May 23 1935. Death is said to have occurred on the date stated above, at 2:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Int. nephritis	4 yrs
Uraemia	2 wks

Other contributory causes of importance:

arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Edward H. Mayer M. D.

(Address) 2020 N. Charles

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12924

F 12924

100

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Aisquith ST., 10 WARD)

2—FULL NAME Sr. M. Longina Fischer

(a) RESIDENCE NO. Convent of Notre Dame ST. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if foreign birth? 40 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 2, 1873

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Sisters of Notre Dame

9 BIRTHPLACE (city or town) (State or country) Germany

PARENTS

10 NAME OF FATHER John Fischer

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Catherine Kouba

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Sisters of Notre Dame
(Address)

15 Filed MAY 24 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 21, 35

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to May 23, 1935, that I last saw her alive on May 10, 1935 and that death occurred, on the date stated above, at 11.25 A. M.

The CAUSE OF DEATH* was as follows:

Infected tumor
Varic. L. leg
Septicaemia (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? On Mission on Rue Fort

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? usual -

(Signed) L J Kirby, M. D.

May 24, 1935 (Address) 110 E Northave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Notch Cliff Md.	5/25/ 19 35
20 UNDERTAKER Frank A. Fink	ADDRESS 915 E. Lang

Important. See instructions on back of certificates.

M. D. B. 1268-9

Mary Davis

12925 E 12925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 1 V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1633 Locust St St., [illegible] Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Davis

(a) Residence: No. 1633 Locust St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W.	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank C. Davis

6. DATE OF BIRTH (month, day, year) Sept 4. 1913

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 4/35

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Knepley

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

MOTHER

15. MAIDEN NAME Anna Leitter

16. BIRTHPLACE (city or town) (State or country) Minnesota

17. INFORMANT Mrs Frank C Davis

(Address) 1633 Locust St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem. Date May 27. 1935

19. UNDERTAKER Edwin M. Cookson

(Address) 924 Eutaw St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 16 1935 to May 23 1935

I last saw her alive on May 23 1935 Death is said to have occurred on the date stated above, at 9 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	about Feb 16
Endocarditis	May 14 1935

Name of operation ..... Date of .....

What test confirmed diagnosis Tuberculin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Leon D. Hollen M. D.

(Address) 4700 Pimlico Rd

BE CAREFUL TO WRITE PLAINLY. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12926

12926 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 742 N. Kenwood Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine P. Vasely

(a) Residence: No. 742 N. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Healy

6. DATE OF BIRTH (month, day, year) Feb 26 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home 1237

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Peter Poulsen

14. BIRTHPLACE (city or town) (State or country) Jacksonville Florida

MOTHER

15. MAIDEN NAME Barbara Polarny

16. BIRTHPLACE (city or town) (State or country) Czecho Slovakia

17. INFORMANT James Healy
(Address) 742 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 7, 1935

19. UNDERTAKER Frank Novak Son
(Address) 1400 Eastern Ave

20. FILED MAY 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 3 1934 to May 3 1935
I last saw her alive on May 3 1935 Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Valvular Heart disease, Chronic	1928?

Other contributory causes of importance:
none

Name of operation none Date of —

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Edward Novak, M. D.

(Address) Medical Arts Bldg.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

S. 3

MAY 24 1935

M. D. B. 1268-9

12927 F 12927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

1. PLACE OF DEATH Maryland Gen Hosp

Registered No.

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Louise Dunnock

(a) Residence: No. 3907 Resweber Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 23 1925

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
9	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bethlehem Md.

FATHER

13. NAME Samuel Ross Dunnock

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mildred Boyle

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs. Samuel R. Dunnock

(Address) 3907 Resweber Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date May 25 1935

19. UNDERTAKER Chas D. Mitchell & Sons

(Address) 1900 Eutaw Place.

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/35. 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21/35 . 19 . to 5/23/35 . 19

I last saw her alive on 5/23/35 . 19 Death is said to have occurred on the date stated above, at 9 03 p m.

The principal cause of death and related causes of importance were as follows:

Retanculus abscess — Date of onset 5/11/35

Other contributory causes of importance:

Acute Gamenular Nephritis 5/17/35

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? none

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H E Proctor M.D. M. D.

(Address) Md Gen Hospital

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 87-B

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Lane

(a) Residence: No. 904 Westminster St., Ward. Washington, D.C.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles

6. DATE OF BIRTH (month, day, year): 6-23-10

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 25	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HW

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): N. Car.

FATHER

13. NAME: George Magett

14. BIRTHPLACE (city or town) (State or country): N Car

MOTHER

15. MAIDEN NAME: Isabella Grant

16. BIRTHPLACE (city or town) (State or country): N Car

17. INFORMANT: Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place: Washington D.C. Date: 5/24 35

19. UNDERTAKER: Robert F. McGuire
(Address) 1320 - 7th St. N.W. Washington D.C.

20. FILED [illegible] Registrar.

WF

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May-22 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935, to May 22, 1935

I last saw her alive on May 22, 1935. Death is said to have occurred on the date stated above, at 9[15] p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Schilders Disease or Multiple sclerosis ; spastic bulbar palsy	1933

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Carmichael Leigh, M. D.

(Address) Johns Hopkins Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

12929 HEALTH DEPARTMENT—CITY OF BALTIMORE 12929

CERTIFICATE OF DEATH 93-c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2617 Greenmount Ave, Ward)

Length of residence in city or town where death occurred? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas F. Mc Graw

(a) Residence: No. 2617 Greenmount Ave, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	Widower

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary Ann Mc. Graw

6. DATE OF BIRTH (month, day, year): Oct. 4th 62

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pikesville Balto Co. Md.

FATHER

13. NAME: James. Mc Graw.

14. BIRTHPLACE (city or town) (State or country): Ireland.

MOTHER

15. MAIDEN NAME: Not Known.

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Thos. F. Mc Graw

(Address): 436 E 20th St.

18. BURIAL, CREMATION, OR REMOVAL: St. Joseph Cem. Texas Md. Date 5/27 1935

19. UNDERTAKER: Bernard C Harder

(Address): 121 E. West St.

20. FILED MAY 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933 to May 24 1935

I last saw h[illegible] alive on May 24 1935. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance: Acute Pulmonary Edema	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Darnall Boyle M. D.

(Address) 1331 Eutaw Place

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

12930

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 12930

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1624 Johns St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Jennie M. Gardiner

(a) Residence: No. 1624 Johns St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 7th 1847

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	6	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dress Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation 2 y.

12. BIRTHPLACE (city or town) (State or country) St. Mary's Co Md.

FATHER

13. NAME Thomas W. Gardiner

14. BIRTHPLACE (city or town) (State or country) St. Marys Co Md

MOTHER

15. MAIDEN NAME Catherine Ashcom

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT (Address) Paul C. Sommerville Salisbury, Md.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem
Place Cotton Valley Lot Date May 25 1935

19. UNDERTAKER (Address) Wm E. Gould & Co 1212 E. Baltimore St.

20. FILED MAY 24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 1935 to May 24 1935

I last saw her alive on May 24 1935 Death is said to have occurred on the date stated above, at 10:45 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Failure — Date of onset May 20

Arteriosclerosis

Other contributory causes of importance:

Senile Decay

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Edith C. Widemeyer M. D.

(Address) 5307 Fulton Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

✓ F 12931

12931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1115 E 30th St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah E Cutino

(a) Residence: No. 1115 E 30th St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Cutino

6. DATE OF BIRTH (month, day, year) Mar 18. 57

7. AGE: Years 78; Months 2; Days 6; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0027

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chester Co Pa

FATHER

13. NAME Charles Wolf

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Friedricka Bogle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Mae C Wolf
(Address) 1343 Hanover St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/27 1935

19. UNDERTAKER Wm Cook & Son
(Address) 1214 E Fayette St

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935 to May 24, 1935

I last saw her alive on May 23, 1935 Death is said to have occurred on the date stated above, at 4.53 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	Do not know

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Maurice E. Shannon M. D.

(Address) 3300 W. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 12[illegible] F 12932

29963 F 12932 ✓ F 12932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Greenwald

(a) Residence: No. 825 West End Ave. Ward. New York City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty

6. DATE OF BIRTH (month, day, year) 9/5/02

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0666

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER FATHER

13. NAME Hyman Greenwald

14. BIRTHPLACE (city or town) (State or country) N. Y.

15. MAIDEN NAME Fannie Bernstein

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Records (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Date 5/24/35

New York City

19. UNDERTAKER Jack & Levy Co. Inc. (Address) 1435 E. Baltimore St.

FILED MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23. 1935. to May 24. 1935

I last saw him alive on May 24. 1935. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (malignant)	1934

Other contributory causes of importance:

Name of operation Rt Craniotomy Date of 5/24/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1208-9

F 12933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ F 12933

X 56

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mid-Gen Hosp St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Francis Keegan

(a) Residence: No. Laurel, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 1923

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
12 yrs	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Frank Keegan

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Hattie Keegan

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Mrs Hattie Keegan

(Address) Laurel md

18. BURIAL, CREMATION, OR REMOVAL Laurel md Date 5-27-35

19. UNDERTAKER Lloyd Fraser

(Address) Laurel md.

20. FILED MAY 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-35

22. I HEREBY CERTIFY, That I attended deceased from 4-18-35, 19__, to 5-25-35, 19__

I last saw he alive on 5-5-35, 19__ Death is said to have occurred on the date stated above, at 205a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Pericarditis	1935
Myocardial Failure	5-25-35

Other contributory causes of importance

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. F. Stephens M. D.

(Address) Mid. Gen Hosp

Information should be complete in all its items, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms. See instructions on back of certificate. OCCUPATION is very important.

MAY 28 1935

M. D. P. 1208-9

F 12934

F 12934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Price

(a) Residence: No. 1124 Madison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
mal	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Georgiana Price

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter at Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME no Price

14. BIRTHPLACE (city or town) (State or country) [illegible]

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Georgiana Price
(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL Mt. Calvary Cem. May 31 1935

19. UNDERTAKER Bernard O'Bryden
(Address) 512 Druid Hill Ave.

20. FILED May 31 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935 to May 23, 1935

I last saw him alive on May 23, 1935 Death is said to have occurred on the date stated above, at 3:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	
Renal Disease	

Other contributory causes of importance:

Chronic Nephritis

Name of operation [illegible] Date [illegible]

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 1101 N. Charles St

Information should be carefully typed; if not typed, write plainly in ink. State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 8 3

M. D. B. 1268-9

✓ F 12935

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12935

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Guilford ave St.) (12 Ward)

Length of residence in city or town where death occurred 21 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William P Turner

(a) Residence: No. 2328 Guilford ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	C.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Turner

6. DATE OF BIRTH (month, day, year) Dec. 4, '62

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	4	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Harford Co Md.

FATHER

13. NAME George W Turner

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Caroline Johnson

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

17. INFORMANT Emily Turner
(Address) 2328 Guilford ave

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Hill Md. Date 5/26 1935

19. UNDERTAKER Francis A. Hemler
(Address) 5 E Lanvale St

20. FILED ... 1935 ...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to May 23 1935

I last saw him alive on May 23 1935. Death is said to have occurred on the date stated above, at 11-20 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	1933

Other contributory causes of importance: None

Name of operation None Date of ...

What test confirmed diagnosis Gross Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H R Pearce M. D.

(Address) 205 Chatsworth

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

VS 3 DEC 1935

Gruzauskas

✓ F 12936

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

47-B

CERTIFICATE OF DEATH

F 12936

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? 26 yrs. mos. ds.

2. FULL NAME Mr. Joseph Gruzauskas

(a) Residence: No. 1338 Wash. Blvd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Ludvice Gruzauskas

6. DATE OF BIRTH (month, day, year) ? — 1883

7. AGE: Years 52; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Lithuania

MOTHER

13. NAME: John Gruzauskas

14. BIRTHPLACE (city or town) (State or country): Lithuania

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Lithuania

17. INFORMANT: Ludvice Gruzauskas

(Address) 1335 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: May 27 1935

19. UNDERTAKER: John J. Pascal

(Address) 1423 E. Pratt St

MAY 25 1935

FILED . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/23/35

22. I HEREBY CERTIFY, That I attended deceased from 5.22 19 35 to 5.23 19 35

I last saw him alive on 5/23 19 35 Death is said to have occurred on the date stated above, at 6:50 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of lung, Rt. (?)

Duration: 1 yr.

Other contributory causes of importance:

Name of operation: 0 Date of: no

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, (Signed) M. D.

(Address) U. M. H.

Information should be complete. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

✓ F 12937

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12937

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hosp 21

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alonza Bailey

(a) Residence: No. 929 Denver St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 21 1899

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General 1040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va Virginia

FATHER

13. NAME John Baily

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mamie Ford
(Address) 929 Denver St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cmty Date 5/26 1935

19. UNDERTAKER Walter B. Knight
(Address) 139 W Hoffman St

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-13 1935 to 5-21 1935.

I last saw h[illegible] alive on 5-21 1935. Death is said to have occurred on the date stated above, at 12 00 N.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Renal failure due to Glomerulo Nephritis	one (?)
Hypertension	yrs (?)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) University Hosp

Information called for on this certificate is required by law. Please answer all questions in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. Form

A 25 1935

M. D. B 1268-9

F 12938

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12938

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Wade Thomas

(a) Residence: No. 913 N. Carey St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Mary B. Thomas

6. DATE OF BIRTH (month, day, year) December 15 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Mary's County Maryland

FATHER

13. NAME Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Susan Young

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary B. Thomas

(Address) 913 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date May 28, 1935

19. UNDERTAKER Samuel H. Chase & Son

(Address) 638 N. Fremont

20. FILED MAY 25 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforated Appendicitis	3 days
Other contributory causes of importance:	
Intestinal Obstruction	?

Name of operation Laparotomy & drainage Date of May 23-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1918 E. North Ave.

V S 6

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

✓ ONMEA
26 (Protestant)

F 12939

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12939

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 123 N Ellwood Ave St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME August Ebbinghaus

If U. S. Veteran specify WAR

(a) Residence: No. 123 N Ellwood Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Ebbinghaus

6. DATE OF BIRTH (month, day, year) March 25 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME August Ebbinghaus

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George J Ebbinghaus (son)

(Address) 123 N Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 28. 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 4033 Eastern Ave

20. FILED MAY 28 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21. 1935 to May 23 1935

I last saw h... alive on May 23 1935 Death is said to have occurred on the date stated above, at 4 5 ... m. P. M

The principal cause of death and related causes of importance were as follows:

Cerebral - Hemorrhage — Date of onset May 21 1935

Other contributory causes of importance:

Uremia

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury none 19...

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place none

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Dr. John W. Owens M. D.

(Address) 26 E Preston St

Information should be carefully supplied and certificate completed so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

HERMANN

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12940 — 46-E F 12940

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 123 S Rochester Place St., 1 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Eva Hartman

(a) Residence: No. 123 S Rochester Place St., 1 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nicholas Hartman

6. DATE OF BIRTH (month, day, year) Nov. 5 1870

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Danial Christain

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Anna Bohaska (daughter)
(Address) 123 S Rochester Place

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date May 27 1935

19. UNDERTAKER Lillye Zeiler N.C.
(Address) 403 So. Wolfe St.

20. Filed ..... 19 ..... Registrar.

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/10/35 . 19 .. to 5/23/35 . 19 ..

I last saw h.. alive on 5/23/35 . 19 . Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Liver	
& Gall Bladder	6 Mo

Other contributory causes of importance:

Uremia	4 days

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E. H. Herrman M. D.

(Address) 2936 Baltic St.

Information should be carefully supplied. Any blanks should be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. B. 1268-9

F 12941

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12941

CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. 17 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Kellner

(a) Residence: No. Dundalk, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 19 - 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
31	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME John Kellner

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mollie Ludder

16. BIRTHPLACE (city or town) (State or country) Austria Hungary

17. INFORMANT Frank Kellner
(Address) Dundalk opts. Dundalk

18. BURIAL, CREMATION, OR REMOVAL
Place Ellwood City Pa. Date 19

19. UNDERTAKER Lilly & Zile Inc
(Address) 403 E. Fayette St.

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 . 1935 to May 24 . 1935
I last saw him alive on May 24 . 1935 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Lobar pneumonia - rt.	4-3-35
2. Empyema - rt.	
3. Lung abscess - rt.	
4. Bronchopneumonia - left	

Other contributory causes of importance:

Name of operation Thoracotomy Date of 5-15-35

What test confirmed diagnosis autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) ST. JOSEPH'S HOSPITAL
BALTIMORE, MD

MAY 25 1935

information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

U. S. 3

M. D. P. 1265-9

2 4867 7 12942

HEALTH DEPARTMENT—CITY OF BALTIMORE 12942

CERTIFICATE OF DEATH

Registered No. 107a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard W. Mock

(a) Residence: No. 6910 Fenway Rd St., Dundalk Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7-20-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

MOTHER FATHER

13. NAME Chas Mock

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Evelyn Johnson

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) JHH

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 27, 1935

19. UNDERTAKER Frank Lee Shorter

(Address) 2 W Saratoga St.

20. FILED MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935, to May 24, 1935

I last saw him alive on May 24, 1935. Death is said to have occurred on the date stated above, at 8 57 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia Broncho (primary)	4-27-35
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schweinhaut, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. Illegible or unintelligible words, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 126-7 F 12943 ✓ F 12943

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12-7

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dominic Di Giorgio

(a) Residence: No. 230 S. Patterson Pk St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Di Giorgio

6. DATE OF BIRTH (month, day, year) Feb 2 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Philip Di Giorgio

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Marie Micone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Mary Di Giorgio

(Address) 230 S. Patterson Pk

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. May 27. 1935

19. UNDERTAKER John M. Weber

(Address) 401 S. Chester St

20. FILED MAY 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 12 1935 to May 24 1935

I last saw h in alive on May 24 1935 Death is said to have occurred on the date stated above, at 12 15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis	
2. Chronic appendicitis	
3. Paralytic ileus	
4. Toxaemia	

Other contributory causes of importance:

Name of operation Cholecystectomy Date of 5-19-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

S. 3

information should be carefully supplied. Note that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12944 Tomlin ✓ F 12944

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH Baltimore, Md.

CITY OF BALTIMORE: (No. Valley & Cager St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. 11 mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph E. Tomlin.

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward Roseen Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) October 7-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
77	11	7	19 18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

FATHER

13. NAME Aaron Tomlin

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Harriett Bear

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sister Stanislaus, Supr. (Address) 1200 - Valley St. City

18. BURIAL, CREMATION, OR REMOVAL Place St Johns cem. Date May 27 35

19. UNDERTAKER Lanehegger & Gross (Address) Bucknell, Md.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1934 to May 25 1935

I last saw him alive on May 24 1935 Death is said to have occurred on the date stated above, at 6:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	2 wks
Other contributory causes of importance: Hemiplegia of right side body	
Arterio Sclerosis	
Hypertension	

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Carter, M. D.

(Address) 111 Hoen Building

information should be carefully supplied. AGE should be stated EXACTLY. If less than one year state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 12945

F 12945

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1631 Carswell St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James. b. Grossman

(a) Residence: No. 1631 Carswell St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary. E. Grossman

6. DATE OF BIRTH (month, day, year) May 15 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	—	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME George Grossman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ahnreiw

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm. Joseph. S. Grossman

(Address) 1631 Carswell St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem Date May 28 1935

19. UNDERTAKER Henry Hall Sons Inc

(Address) 341 E. Eutaw St

20. FILED MAY 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1935 to 5-24 1935

I last saw him alive on 5-24 1935 Death is said to have occurred on the date stated above, at 10.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	5 days
Abrasion of Face	
Other contributory causes of importance:	
Exhaustion	
Hemorrhage	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Edward Book M. D.

(Address) 413 N Washington

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 12946

E 12946 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 Moravia Ave St. 27 Ward)

Length of residence in city or town where death occurred 87 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William H. Hofstetter Sr.

(a) Residence: No. 3204 Moravia Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura V. Stanley Hofstetter

6. DATE OF BIRTH (month, day, year) Oct. 14, 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	87	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0045

10. Date deceased last worked at this occupation (month and year) Time of death

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Lawrence Hofstetter

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md

MOTHER

15. MAIDEN NAME Catharine Lutz

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. J. William Dwitekindt
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cemetery Date May 27, 35

19. UNDERTAKER Chas. J. Black
(Address) 742 W. North Ave

20. FILED ... 19... by ... Registrar

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1934 to May 24, 1935

I last saw him alive on May 24, 35 Death is said to have occurred on the date stated above, at 6 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	
Chronic Interstitial Nephritis	1 yrs
Myocardial Insufficiency	2 yrs

Other contributory causes of importance: Cardiac Dilatation 5 yrs

Name of operation ... Date of ...

What test confirmed diagnosis ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Albert Kisenberg M. D.

(Address) 2025 E North Ave.

Exact statement of information should be carefully supplied. Any omission or error may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

12947 HEALTH DEPARTMENT—CITY OF BALTIMORE 12947

CERTIFICATE OF DEATH

94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2522 Arunah ave 46 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Penn Kinsey

(a) Residence: No. 2522 Arunah ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Mary E. Kinsey

6. DATE OF BIRTH (month, day, year) January 1 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Iron Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machine Business

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 36 yrs.

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Clark Kinsey

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Sarah Wiggins

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Mrs. Clarence Burton

(Address) 2522 Arunah ave

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date May 25 1935

19. UNDERTAKER Geo. L. Berger Jr

(Address) 512 Fulton St.

20. FILED May 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to May 22, 1935

I last saw h[illegible] alive on May 22, 1935 Death is said to have occurred on the date stated above, at 11:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism	5/21
Arteria Sclerosis	
Cardiac Hypertrophy	

Other contributory causes of importance

Name of operation. Date of

What test [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) James F. Luginbuhl M. D.

(Address) 721 Mechanic Ave

information should be carefully supplied. AGE should be given in all cases. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-0

12948 Ermagene Cooney F 12948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., (Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Ermagene Cooney

(a) Residence: No. 1213 N. Gay St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Thomas J. Cooney

6. DATE OF BIRTH (month, day, year) June 5th 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked ~~at~~ this occupation (month and year) 12th 1935

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Penna

FATHER

13. NAME Chas. W. Lentz

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Emma Flack

16. BIRTHPLACE (city or town) (State or country) Penna

17. INFORMANT Paul E. Cooney Jr

(Address) 1213 N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodland Park Date May 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

20. FILED MAY 25 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ~~June~~ May 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935 to May 24th 1935

I last saw h~~e~~r alive on May 24th 1935. Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus ?	
Uterine Hemorrhage	3/26
Hemorrhagic Shock	5/24/35

Other contributory causes of importance:

Kidney Lesion	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter Lewis, M. D.

(Address) W. B. Gen'l Hosp

INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12949

207-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Chesapeake Ave & B.& O.R.R.tracks St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Gaston.(C)

(a) Residence: No. Shack foot of Fairfield Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	----	----	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Payton Johnson.(C)
(Address) 661 N. Carre St,

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date May 16 1935

19. UNDERTAKER Joseph A. Luckey
(Address) 1099 N. Mount Street

20. FILED MAY 21 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 13, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Struck and knocked down by	
B.& O.R.R engine.	
Occidental Death.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/13/35 19...

Where did injury occur? B.& O.R.R.tracks
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Struck by engine.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Reinhardt Coroner, M. D.

5/23/35 (Address) 1017 N. Charles St.

Use information shown on this certificate in plain terms, so that it may be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268 F 12950

F 12950

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Harwood Ave. St. 27 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Finley M. Taylor

(a) Residence: No. 510 Harwood ave. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Louise Celeste Taylor

6. DATE OF BIRTH (month, day, year) Jan. 21, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Indiana

FATHER

13. NAME Bazell E. Taylor

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Catherine Brook

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Mrs Louise Taylor

(Address) 510 Harwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Taylor's Church Cem. Date May 25 1935

19. UNDERTAKER LeRoy Stuffley, Inc.

(Address) 425 E. North Ave.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1935 to May 23, 1935

I last saw h im alive on May 23 1935 Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy following La Grippe — Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. A. Duncan M. D.

(Address) 5106 York Road

N. B.—WRITE PLAINLY with pen and ink. PHYSICIANS should see that all items are carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12951

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3010 Oakhill Ave St., 78-W Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Maynard Menshaw

(a) Residence: No. 3010 Oakhill Ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Merrill Menshaw

6. DATE OF BIRTH (month, day, year) Oct 24 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	6	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Moberly Missouri

FATHER

13. NAME Wm Maynard

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Nellie ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wm Merrill Menshaw

(Address) 3010 Oakhill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 25, 1935

19. UNDERTAKER Wm J. Tuckwell & Sons

(Address) North & Penna Ave

20. FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935, to May 23, 1935

I last saw h.. alive on May 23, 1935. Death is said to have occurred on the date stated above, at 1 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 23 1935

Other contributory causes of importance:

Myocardial insufficiency & Pulmonary Edema	May

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Bernard Wood, M. D.

(Address) 2216 Garrison Blvd

Sec 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN must state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1948-9 12952

F 12952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH 2315 N Charles St

Registered No.

CITY OF BALTIMORE: (No. 209 Paddington Road Ward 27 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Mary Sherwood

(a) Residence: No. 209 Paddington Road St., Homeland Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): March 31 1856

7. AGE: Years 79 | Months 1 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 45

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): New York

FATHER

13. NAME: Thomas B Sherwood

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Mary F. Betts

16. BIRTHPLACE (city or town) (State or country): New York

17. INFORMANT: Margaret Sherwood

(Address): Mass.

18. BURIAL, CREMATION, OR REMOVAL

Place Sandy Park Cem Date May 27th 1935

19. UNDERTAKER: Henry Heuken & Sons

(Address): Cathedral & Mulberry

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1930 to May 24 1935

I last saw her alive on May 24 1935 Death is said to have occurred on the date stated above, at 245 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Angina pectoris

Coronary occlusion.

Other contributory causes of importance:

Arterio sclerosis

Hypertension

Myocardial insufficiency

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Paul H. Clough, M. D.

(Address) 24 E. Eager St.

N. B.—WRITE PLAINLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1935

M. D. B. 1268-9

F 12953

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12953

159

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
BALTIMORE, MD.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Male Infant Gracey

(a) Residence: No. 1415 Eutaw St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 23, 1930

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	1	0 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME H. W. Gracey

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Helen A. Gilden Jenney

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. H. W. Gracey
(Address) 1415 Eutaw St.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date May 25 1930

19. UNDERTAKER .....
(Address) .....

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1930

22. I HEREBY CERTIFY, That I attended deceased from May 23 1930 to May 24 1930

I last saw him alive on May 24 1930 Death is said to have occurred on the date stated above, at 3:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Prematurity (7 months)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) ..... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

N. B.—WRITE PLAINLY. All items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should furnish information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-A

F 12954

F 12954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 129 N Ostend St. 23 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Horsemann

(a) Residence: No. 129 N Ostend St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) M Ida Horsemann

6. DATE OF BIRTH (month, day, year) Aug 20 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Frederick Horsemann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Hornbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs M. Ida Horsemann

(Address) 129 N Ostend st

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date May 27 1935

19. UNDERTAKER John F. Dering

(Address) 715 Light St

20. FILED [illegible] 19 [illegible]

(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from February 15 1935 to May 23 1935

I last saw him alive on May 23 1935 Death is said to have occurred on the date stated above, at 7:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	

Other contributory causes of importance:

Arterio Sclerosis
Hypertension ; Myocardetis

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John A. Schenuit M. D.

(Address) 1337 S. Charles St

S. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1935

M. D. F. 1269-9

F 12955

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12955

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1813 Beechwood Ave. 25th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Stewart MacDonald

(a) Residence: No. 1813 Beechwood Ave. Frankletown Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH LEAD PENCIL. All items must be answered or the word "unknown" or the abbreviation "un." inserted. Every effort should be made to obtain and furnish the required information. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hazel G. MacDonald

6. DATE OF BIRTH (month, day, year): Nov. 2 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	6	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: George MacDonald

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. Hazel G. MacDonald

(Address): 1813 Beechwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Good Shepherd Date: May 23, 1935

19. UNDERTAKER: John A. Henry

(Address): 715 Light St.

20. FILED ..., 19— ... Registrar.

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19th, 1935, to May 23, 1935. I last saw him alive on May 23, 1935. Death is said to have occurred on the date stated above, at 11:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	April 1935
Other contributory causes of importance: Nephritis Disease	1934

Name of operation: — Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. H. Fort Gort M. D.

(Address) 510 Allendale Bldg.

M. D. P. 1268-9

12956

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

12956

93-D

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1613 Harden Court St. 23 Ward)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Poole.

(a) Residence: No. 1613 Harden Court. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower.

5a. If married, widowed, or divorced, HUSBAND of (or WIFE of) Olive Poole.

6. DATE OF BIRTH (month, day, year) April 19 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Highfield, Md.

FATHER

13. NAME Lawson Poole.

14. BIRTHPLACE (city or town) (State or country) Ellerton, Md.

MOTHER

15. MAIDEN NAME Annie Ott.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Annie Poole. (mother)
(Address) Highfield, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Highfield Md. Date May 27 1935

19. UNDERTAKER Hahn & Lindsay
(Address) Littlestown, Pa.

20. FILED MAY 26 1935 Huntington Fitzhugh, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardiat Insufficiency.	
Acute dilatation of the heart	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Otto Steinhardt, M. D.
Coroner

(Address) 5/25/35 1017 E. Charles St.

Use information should be carefully supplied. AGE should be stated EXACTLY. If less than one day state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Hamilton St. Apt 6 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jennie J Williams

(a) Residence: No. 4401 Hamilton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of William H Williams

6. DATE OF BIRTH (month, day, year) March 29-1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
64	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kingston Penna

FATHER

13. NAME Frank D. Hughes

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Patience Jackson

16. BIRTHPLACE (city or town) (State or country) Forty Fort Pa

17. INFORMANT Wm H. Williams

(Address) 4401 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date May 27, 1935

19. UNDERTAKER Wellington Cook

(Address) 1217 St Paul Street

... Registrar

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-17, 1935, to 5-24, 1935

I last saw her alive on 5-24, 1935. Death is said to have occurred on the date stated above, at 9P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	unknown
Chronic Nephritis	"
Other contributory causes of importance:	
Arteriosclerosis	"
Secondary Anemia	"

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John W Machen, M. D.

(Address) 6304 Belair Rd

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

12958 F 12958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 117-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospl No. St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Adam Despeany

(a) Residence: No. 115 N. Clinton St., Ward.

(Casual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Laura Despeany

6. DATE OF BIRTH (month, day, year): Mar 29, 1873

7. AGE: Years 62 | Months 2 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: unknown ? 2087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto., Md

FATHER

13. NAME: John Despeany

14. BIRTHPLACE (city or town) (State or country): (?), Md.

MOTHER

15. MAIDEN NAME: Emma Hoyt.

16. BIRTHPLACE (city or town) (State or country): (?) Md

17. INFORMANT (Address): Balto. City Hospt

18. BURIAL, CREMATION, OR REMOVAL: Place Schwartz Date May 28th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-25-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1935 to 5-25, 1935

I last saw him alive on 5-24, 1935 Death is said to have occurred on the date stated above, at 3 20/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Gastric Ulcer	10 Days
@ Generalized Peritonitis	"
Other contributory causes of importance: Bronchopneumonia right	2 Days

Name of operation: Closure Gastric Ulcer Date of 5/16

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify .....

(Signed) Robt. F. Martin M. D.

(Address) Baltimore City Hospl

N. B.—WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. H. P. 1268-9

F 12959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12959

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2309 Greenmount Ave 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Laura Faithenia Boulden

(a) Residence: No. 2309 Greenmount Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Alfred Boulden

6. DATE OF BIRTH (month, day, year): Jan 3rd 1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper (Self)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: Thomas Green

14. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Alfred Green (Son)
(Address) 2309 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Morland Park Date: May 28th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St

20. FILED MAY 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 25 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23 1935 to May 25 1935

I last saw her alive on May 25 1935 Death is said to have occurred on the date stated above, at 1:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 19 1935

Other contributory causes of importance: Pulmonary Congestion

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jas. S. Julian Jr. M. D.

(Address)

N. B.—WRITE PLAINLY. WITH UNFADING INK—THIS IS A LEGAL DOCUMENT. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

E 12960

12960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2309 Roslyn Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles T. Morris

(a) Residence: No. 2309 Roslyn Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Emma R. Morris

6. DATE OF BIRTH (month, day, year) Nov 7th 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Realty Co

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Chestertown Md

FATHER

13. NAME Charles Morris

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Eleanor Kirby

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Emma R. Morris

(Address) 2309 Roslyn Ave

18. BURIAL, CREMATION, OR REMOVAL Dulaney Valley Md

Date May 27 1935

Greenfield Cem

19. UNDERTAKER W. M. Cook & Gould

(Address) 1214 E. Gould St

20. FILED ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 25th 1935

I last saw him alive on May 24th 1935 Death is said to have occurred on the date stated above, 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/23/35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene L. Pessano M. D.

(Address) 514 Drury Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful to see that all information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAY 26 1935

DR FRANKLIN

F 12961

F 12961

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1402 E. Baltimore St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? 5 yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Cecelia Kolodny

(a) Residence: No. 1402 E. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Kolodny

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houswife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Meyer Deitch

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Leah Holtz

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Joseph Kolodny

(Address) 1462 E. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL Lehnen Herring Funeral 5/26/35

19. UNDERTAKER Jack Levin Inc.

(Address) 1439 E. Balto St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1935 to May 24, 1935

I last saw her alive on May 24, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — 2 years

Date of onset

Other contributory causes of importance:

Was an operation performed? Yes Date of Apr 1934

For what disease or injury? Carcinoma

Name of operation Radical Removal Date of —

What test confirmed diagnosis? Sinai Hospital Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D W Franklin M. D.

(Address) 1212 Eutaw Pl

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any new information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1935

M. D. P. 1268-9

E 12962

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

E 12962

46-a

1. PLACE OF DEATH Baltimore City Hospitals — Registered No.

CITY OF BALTIMORE: (No. ... St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. life ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Fiffer

(a) Residence: No. 2363 S. Hazlewood Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 2 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto md

FATHER

13. NAME Fred Fiffer

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Eliz Frey

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hosp Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date 5/27/35

19. UNDERTAKER Philip Henrig Sons

(Address) 2016 Eutaw St.

20. FILED MAY 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15 1935 to May 24 1935

I last saw him alive on May 22 1935 Death is said to have occurred on the date stated above, at 5:25 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Carcinoma Esophagus	2 mo
	yrs

Other contributory causes of importance:

Hemorrhage secondary to Esophagus	5/24/35

Name of operation Gastrostomy Date of 5/21/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel D. Ford M. D.

(Address) Balto City Hospitals

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

12963

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12963

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1914 Perlman Place St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Lee Taylor

(a) Residence: No. 1914 Perlman Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Taylor

6. DATE OF BIRTH (month, day, year) Feb 2/1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter Hired

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Geo W. Taylor

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Lillian Johnson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Katherine Taylor
(Address) 1914 Perlman Place

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date May 27 1935

19. UNDERTAKER Philip Ludwig's Son
(Address) 2116 E. Baltimore St.

MAY 26 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 25, 1934 to May 22, 1935

I last saw h alive on May 22, 1935. Death is said to have occurred on the date stated above, at 11:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cortical Thrombosis	1 yr ago
Arterial Hypertension	
Cardiac Dilatation	2 yrs ago

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Weisenberg M. D.

(Address) 1025 E. North Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Good Shepherd Hospital — Registered No.

CITY OF BALTIMORE: (No. 1512 Gilmore St., 16 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Rodgers

(a) Residence: No. 2508 Ridgewood Ave. St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. Color or Race Colored — 5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~WIFE of~~ Mrs. Elizabeth Rodgers

6. DATE OF BIRTH (month, day, year) 6-15-1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 60 yrs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granite, Md.

FATHER

13. NAME Samuel Rodgers.

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Mary Norris

16. BIRTHPLACE (city or town) (State or country) Granite, Md

17. INFORMANT Elizabeth Rogers (Address) 1140 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL. Mt. Pleasant Date 5-26-1935

19. UNDERTAKER Mrs. George R. Holland (Address) 630 Druid Hill Ave

20. FILED MAY 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21- 1935 to 5-24- 1935

I last saw him alive on 5-24- 1935. Death is said to have occurred on the date stated above, at 6.50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-24
Hypertensive Cardio-Vascular disease one month ago	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. C. Marshall M. D.

(Address) 1838 Druid Hill Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12965

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3314 Auchentoroly Terrace St. 13 Ward)

Registered No. F 12965

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Angeline Bailey,

(a) Residence: No. 3314 Auchentoroly Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Noah J. Bailey,

6. DATE OF BIRTH (month, day, year) October 16. 1847

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87	7	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loganville Penna.

FATHER

13. NAME John Goddling.

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Minirva Hammond.

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Noah J Bailey
(Address) 3314 Auchentoroly Ter.

18. BURIAL, CREMATION, OR REMOVAL MAY 27 1935
Place Druid Ridge Date . 19

19. UNDERTAKER Harry W. Eckles
(Address) 1944 W. North Ave.

20. FILED MAY 28 1935 Huntington Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 23 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from Jan . 19 25 to May 23 . 19 35

I last saw her alive on May 23 . 19 35 Death is said to have occurred on the date stated above, at 11.25 P. m.

The principal cause of death and related causes of importance were as follows:

Cardiac Vascular — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. F. Long M. D.

(Address) 2211 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1935

M. D. P. 1268-9

12966

✓ F 12966

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Owsik

(a) Residence: No. 1327 Hull st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 28, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Zygmont Owsik

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Viola Makolski

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date May 8, 1935

19. UNDERTAKER Wm. S. Fialkowski

(Address) 2007 Eastern Ave

20. FILED Huntington Perkins, M.D. Registrar.

MAY 25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1935 to May 24, 1935

I last saw her alive on May 24, 1935 Death is said to have occurred on the date stated above, at 4:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	July 1933
Other contributory causes of importance:	
Rheumatic heart disease	Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mayer W. Jacobson, M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12967

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12967

92-2

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 S. Kenwood Ave. St., 1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herman Krokowski

(a) Residence: No. 524 S. Kenwood Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 23, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4 3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.... Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Ferdinand Krokowski

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louisa Denzing

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT (Address) Mrs. Ida Fischer 524 S. Kenwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place St Johns Date May 26 1935

19. UNDERTAKER John C. Miller (Address) 2435 E. Biddle St

20. FILED MAY 25 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/21/35. ... 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 ... 1935 to May 21-1935. 19

I last saw him alive on May 21 ... 1935 Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Eugene Zellert M. D.

(Address) 2739 Eastern Ave.

M. D. B. 1268-9

F 12968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. ST. JOSEPH'S HOSPITAL St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FLORENCE E. GROSS

(a) Residence: No. 1903 E. 28th. St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Nicholas G. Gross

6. DATE OF BIRTH (month, day, year) August 1st, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Henry Palmer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Arianna Mulliken

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Parker Gross
(Address) 1903 E. 28th. St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date May 28, 35

19. UNDERTAKER Chas. E. Graves & Son
(Address) 118 W. Mt. Royal Ave

20. FILED 5-26-1935 Henrietta Wm. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19..

I last saw h alive on May 25 1935 Death is said to have occurred on the date stated above, at 5.20 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	
Uremia	
Other contributory causes of importance:	
Fractured N. Hip	
Shock	

Name of operation None Date of

What test and typical diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 5/13 1935
Where did injury occur? Fell at Home
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, in home, or in public place Home
Manner of injury Struck by gate while going out
Nature of injury Hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signature Parker Gross Coroner M. D.
(Address) 1903 E. 28th St.

CAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 12969

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 12969

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 124 W. Mosher St. St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur D. Reardon

(a) Residence: No. 124 W. Mosher St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1890.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pikesville Maryland

FATHER

13. NAME Dennis T. Reardon

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Killalea

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dennis T. Reardon

(Address) 124 W. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 27/35 19

19. UNDERTAKER Harry A. Meitzler

(Address) 4101 Reisterstown Ave.

20. FILED MAY 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933 to May 24 1935

I last saw him alive on April 1935 Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Collapse.	
Cerebral Emboli	May 24
Epileptiform Seizures. 3 years.	

Other contributory causes of importance:

~~Cystitis for 5 years.~~

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) Gilbert Mortimer Jr. M. D.

(Address) 2801 St Paul St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

✓ F 12970

F 12970

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of Poor 70 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Flynn

(a) Residence: No. 1200 - Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1549 ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86 ?	11			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper 000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Peter Flynn

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Bridget Kelly.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Sup.
(Address) Little Sisters of the Poor. 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date May 27 (19)35

19. UNDERTAKER Edw. Wiedefeld & Son
(Address) 214 Mummount Ave

20. FILED MAY 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 1931 to May 24 - , 35

I last saw her alive on May 24 , 1935. Death is said to have occurred on the date stated above, at 3:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	?
Other contributory causes of importance: Uremia	3 days.

Name of operation — Date of —

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. McCahan, M. D.

(Address) 1114 Hartford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

299/35

F 12971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 79-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward) (If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Holladay

(a) Residence: No. 306 Broad St. St., Ward. Richmond Va
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9/21/77

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegrapher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Walter Lewis Holladay

14. BIRTHPLACE (city or town) (State or country) Va —

MOTHER

15. MAIDEN NAME Mary Henderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Friends.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Rapidan Va Date 5/28/35

19. UNDERTAKER John. E. Mitchell
(Address) 1900 Eutaw Place

20. FILED MAY 26 1935 Examiner

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 24, 1935

I last saw him alive on May 24, 1935. Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
? Meningitis (Cause undetermined)	2 wks ago

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? L. P. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Cutter M. D.

(Address) Johns Hopkins Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

12972

HEALTH DEPARTMENT—CITY OF BALTIMORE

12972

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 21 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Paul Hoffmann

(a) Residence: No. 806 Washington Blvd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write ~~divorced~~)
Male	White	married

5a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of ~~WIFE~~ THE LATE CHRISTINA

6. DATE OF BIRTH (month, day, year) Feb. 1- 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) 1915

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Germany.

FATHER

13. NAME Paul Hoffmann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Hoffmann

(Address) 806 Wash Blvd

18. BURIAL, CREMATION OR REMOVAL Lorraine Pk. Date 5/27/35 19

19. UNDERTAKER Geo. H. Leimbach

(Address) 525 N. Eutaw St

20. FILED MAY 28 1935 Huntington, W. Va. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935 to 5-24-35 19

I last saw h[illegible] alive on 5-24-35 19 Death is said to have occurred on the date stated above, at 12 05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic cardio-vascular disease.	
Cardiac decompensation.	

Other contributory causes of importance:

Diabetes mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Theodore A. Schwartz, M. D.

(Address) c/o Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 12973 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12973

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Johns Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lochiare Bland Col

(a) Residence: No. 1001 Rutland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Bland

6. DATE OF BIRTH (month, day, year) Jan 22-1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year) May 35

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (City or town) (State or country) Mathews Virginia

FATHER

13. NAME Richard Watts

14. BIRTHPLACE (City or town) (State or country) Mathews, Va

MOTHER

15. MAIDEN NAME Lucy Scott

16. BIRTHPLACE (City or town) (State or country) Mathews Mean Virginia

17. INFORMANT Courtney Watts
(Address) 1001 Rutland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Naharan Va Date 5/28/35

19. UNDERTAKER Robert H. Williams
(Address) 1515 McCulloh St

20. FILED ... 19.. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on Injury 5/24 . 1935. Death is said to have occurred on the date stated above, at 6:04 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 5/24 . 1935

Where did injury occur? Gelston Ring Road (Balto Co)
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway Gelston Ring Road

Manner of injury Crushed into telephone Pole?

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Bastian Asst Coroner M. D.

(Address) 5102 Park Hts Ave

N. B.—WRITE PLAINLY, WITH INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

MAY 27 1935

M. D. B. 1268-9

F 12974

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12974

CERTIFICATE OF DEATH

X ✓ 149B-94B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp. St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 7 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elaine Wilson (Elaine E. Wilson)

(a) Residence: No. Catonsville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) C. Gordon Wilson

6. DATE OF BIRTH (month, day, year) January 22, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) Present

11. Total time (years) spent in this occupation 7 4/5

12. BIRTHPLACE (city or town) (State or country) Relay Md

FATHER

13. NAME Edward E. Herold

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Lucille G. Alan

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Mr. Charles E. Wilson

(Address) 105 Newburg Ave., Catonsville

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 28 19 35

19. UNDERTAKER Kaetzel & Cook

(Address) 1005 W. Baltimore St.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935 to May 25, 1935

I last saw her alive on May 25, 1935. Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolus	5-25-35

Other contributory causes of importance:

Name of operation Fowlers Position Date of 5-24-35

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) T. O'Neale, M. D.

(Address) Univ. Hosp.

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 12975

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12975

CERTIFICATE OF DEATH

V/31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto Bergenzer (Otto Bregenzer)

(a) Residence: No. 3011 St Paul Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 26, 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cigar Mfg. Co.

10. Date deceased last worked at this occupation (month and year) October 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Casper Bregenzer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Theresa Wengel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Nellie M. Bregenzer

(Address) 3011 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date May 27th 1935

19. UNDERTAKER Joseph Cook & Son

(Address) 1003 W. Baltimore St.

20. FILED 19 Registrar.

MAY 27 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to May 24 1935

I last saw him alive on May 24 1935 Death is said to have occurred on the date stated above, at 5:20 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Arteriosclerosis	?
(2) Arteriosclerotic heart disease	5-23-35
~~Edema of lungs~~	
(3) Asthma	Yrs.
	now

Other contributory causes of importance:

(3) Chronic nephritis	?
(2) Acute uremic retention	5-20-35
(1) Prostatic hypertrophy (Obstructive)	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robert W. Garis M. D.

(Address) Union Memorial Hosp.

M. D. P. [illegible]

F 12976

F 12976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carroll Johns

(a) Residence: No. 808 W. Oxford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Leonard.

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Deanda Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Cuthbert Date May 25th, 19 35

19. UNDERTAKER [illegible] Geo. C. Wilson

(Address) [illegible]

20. FILED [illegible] 19 [illegible] Registrar.

MAY 27 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/9, 1934 to 5/25, 1935

I last saw him alive on 5/25, 1935. Death is said to have occurred on the date stated above, at 3 30/60 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	10 da.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Kelly, M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 12879

F 12977

F 12977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3411 Ravenswood Ave Ward) 8

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Byrne

(a) Residence: No. 3411 Ravenswood Ave St., Ward. T

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Anna Garrett Byrne

6. DATE OF BIRTH (month, day, year) Aug. 9, 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	9	16 / 15 -	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber 059

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jobbing Work

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 18 +

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME Edward A. Byrne

14. BIRTHPLACE (city or town) Ireland (State or country)

MOTHER

15. MAIDEN NAME Elizabeth Teague

16. BIRTHPLACE (city or town) Ireland (State or country)

17. INFORMANT Mrs Elizabeth Byrne

(Address) 3411 Ravenswood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem't Date May 29 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St

20. FILED 19 Registrar.

MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1930 to May 25, 1935

I last saw him alive on May 23 1935 Death is said to have occurred on the date stated above at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Extensive
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Pro. B. Sybert M. D.

(Address) 2802 Harford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN'S information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 12978

F 12978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Hospital St., 11 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Beatrice Stallings

(a) Residence: No. 1208 Madison ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Separated

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Furman Stallings

6. DATE OF BIRTH (month, day, year) Jan. 29, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME David Williams

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Martha Askew

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lebanon Cem. May 28 1935

19. UNDERTAKER Perkins Funeral Home
(Address) 1918 Eutaw Place

FILED 19

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to May 24, 1935.

I last saw her alive on May 24, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Meyer W. Jacobson M. D.

(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Please write information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of information should be carefully supplied. AGE should be properly classified. Exact state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12979

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12979

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 E 25th St., 9 Ward)

Registered No. 12-4-6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. 8 mos. 22 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret M. Seipp

(a) Residence: No. 1610 E 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry R. Seipp

6. DATE OF BIRTH (month, day, year) Sept 1st 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	8	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas L Boulter

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Carrie L Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Carrie L Boulter
(Address) 610 E 25th St

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Mem. Date May 27 1935

19. UNDERTAKER Geo Schilling & Sons
(Address) Wisgerth & Hermanville

20. FILED MAY 27 1935, 19..

Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23rd 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/6 1933 to 5/23 1935

I last saw her alive on May 23rd 1935. Death is said to have occurred on the date stated above, at 11.55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atrophic Cirhosis of the Liver	

Other contributory causes of importance:

Hemiplegia

Name of operation Exploratory Laparotomy Date of 3/8/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. B. Laycock M. D.

(Address) 521 Med. Arts Bldg.

M. D. P. 1268-9

F 12980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12980

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 722 S. Bond Street St., 3 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Rosie Verga

(a) Residence: No. 722 South Bond Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced XXXXXXXX XXX WIFE of Daniel Verga

6. DATE OF BIRTH (month, day, year) June 20th 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	II	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Martin Gregowicz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Daniel Verga (Husband)
(Address) 722 South Bond Street

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date May 29th 1935

19. UNDERTAKER George A. Weber
(Address) 705 South Ann Street

20. FILED MAY 27 1935 19 Huntington Williams M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May, 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to 5/25 1935

I last saw her alive on May 24 1935 Death is said to have occurred on the date stated above, at 10 22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho pneumonia	5/24
Other contributory causes of importance: Infectious Arthritis	?

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? O

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? / Date of Injury / 19 .

Where did Injury occur? /
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury /

Nature of Injury /

24. Was disease or injury in any way related to occupation of deceased? None Specify

(Signed) S. H. Grossfeld M. D.
(Address) 462 Eastern Ave

NOTE.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12981

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ephraim E Moore

(a) Residence: No. 522 Bloom St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. (Single), Married, Widowed, or Divorced (write the word)
Male	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE 43 Years	Months	Days	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conway N. C.

FATHER

13. NAME Ephraim Moore

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Bettie Foss

(Address) 522 Bloom St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date May 27, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S. Schroeder St

20. FILED MAY 27 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-23-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1935, to 5-23-, 1935

I last saw him alive on 5-23-, 1935 Death is said to have occurred on the date stated above, at 6 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Unresolved Pneumonia of Rt Middle and Lower Lobes.	4-22-35
Other contributory causes of importance Acute Nephritis	5-16-35

Name of operation — Date of —

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Blue Compte M. D.

(Address) Provident Hosp

M. D. P. 1268-9

F 12982

E 12982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 161-D

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ____ St., N Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Girl Theiss

(a) Residence: No. 1601 Odell St., ____ Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
7	White	—

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-23-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant—

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Theiss

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Alice ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Park Cem. Date May 27 1935

19. UNDERTAKER Mrs E. Miller & Son

(Address) 2334 Jefferson St

20. FILED MAY 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to May 26, 1935

I last saw her alive on May 26, 1935. Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic disease of newly born	5-24-35

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ____

(Signed) Francis D. Schwentker M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 12983

F 12983

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? 21 yrs. mos. ds.

2. FULL NAME Rose Kasinof

(a) Residence: No. 2105 W. North Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Alexander

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 23; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00-37

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Samuel Seites

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Michael

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Alexander, Kasinof
(Address) 2105 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 5-27-35, 19

19. UNDERTAKER: Isaac Davis Inc.
(Address) 1439 E. Oliver St

20. FILED MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-27-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1935 to 5/27, 1935

I last saw her alive on 5/27, 1935 Death is said to have occurred on the date stated above, at 2-a-m.

The principal cause of death and related causes of importance were as follows:

Chronic e. v. d. (mitral stenosis & insufficiency) — Date of onset 1933

Cardiac Hypertrophy & dilatation

Chronic myocarditis

Cardiac insufficiency

Other contributory causes of importance:

Pulmonary infarct

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. Hurwitz, M. D.

(Address) Sinai Hospital

WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful, information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 12984

F 12984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5500 Craig Ave St., 27 Ward)

Length of residence in city or town where death occurred 55 yrs. 6 mos. 24 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas E. Edwards

(a) Residence: No. 5500 Craig Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Kate C. Edwards

6. DATE OF BIRTH (month, day, year) November 1, 1879

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Canning Company

10. Date deceased last worked at this occupation (month and year) May 25, 1935 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Thomas Edwards

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Margaret McCleary

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Kate C. Edwards
(Address) 5500 Craig Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date May 28 1935

19. UNDERTAKER Joseph Lyter & Son
(Address) 1600 W. North Ave.

20. FILED MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D.
Coroner

(Address) 1919 E. North Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WITH UNFADING INK—THIS

M. D. P. 1268-9

F 12985

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12985

CERTIFICATE OF DEATH

157-B

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1439, E. Fort Ave St., 24 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine Millett

(a) Residence: No. 1439 E. Fort Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

+

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Child

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Child

6. DATE OF BIRTH (month, day, year) Nov. 8, 1934.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Millett.

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Flynn.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Mary Millett.

(Address) 1439 E. Fort Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date May 25, 1935

19. UNDERTAKER Chas P. Spitzer

(Address) 1201 E. Fort Ave

FILED MAY 27 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1934 to May 26, 1935

I last saw her alive on May 26, 1935 Death is said to have occurred on the date stated above, at 5:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Other contributory causes of importance: Broncho Pneumonia	May 24 1935

Name of operation none Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If yes, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

V S 3

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1263-9

F 12986 HEALTH DEPARTMENT—CITY OF BALTIMORE F 12986

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Provident Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Spencer

(a) Residence: No. 105 N Gilmore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female — 4. Color or Race Colored — 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE — Years 41 — Months — Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Annie Brown
(Address) 103 N. Gilmore St

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson County Date 5/29, 1935

19. UNDERTAKER Walter W. Smith
(Address) 134 N. Hanover St

20. FILED 19 Registrar

MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-35

22. I HEREBY CERTIFY, That I attended deceased from 5-24-35 to 5-26-35

I last saw her alive on 5-26-35. Death is said to have occurred on the date stated above, at 11:0 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Bilateral Solar Pneumonia	5-16-35

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Sat — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B LeCompte, M. D.
(Address) Provident Hosp

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 12987

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12987

CERTIFICATE OF DEATH

46-E

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mary Estelle Hunter.

(a) Residence: No. 1820 - N - Caroll St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William R. Hunter

6. DATE OF BIRTH (month, day, year) Oct 13, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	- 7	- 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward Clements

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Sarah E. Church

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs. Hunter

(Address) 1820 N. Carroll St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date May 30, 1935

19. UNDERTAKER Fred. Lovegrove & Son

(Address) 1401 Belair Rd.

20. FILED MAY 27 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 1935 to May 27, 1935.

I last saw her alive on May 27, 1935. Death is said to have occurred on the date stated above, at 6 20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Ampulla Of Gall Bladder.	8 weeks (?)
Other contributory causes of importance:	
Intestinal Obstruction.	8 weeks

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Magruder, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12988

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12988

CERTIFICATE OF DEATH

34-J-96

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 75 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Etta Scott

(a) Residence: No. 2408 Puget St., Ward. Winans, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, (Married) Widowed, or Divorced (write the word): Separated.

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gal

6. DATE OF BIRTH (month, day, year): 7/4/01

7. AGE: Years 33. Months 10 Days 20 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Ernest Scott.

14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER

15. MAIDEN NAME: Lillie Carroll

16. BIRTHPLACE (city or town) (State or country): Balto.

17. INFORMANT: Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date May 29. 1935

19. UNDERTAKER: Jos. G. Sinclair
(Address) 609 N. Monroe Street

Registrar.

MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/6, 1935 to 5/24, 1935

I last saw her alive on 5/24 1935 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

Aneurysm of aorta. — Date of onset 1 yr

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (If so, specify)

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

NAME PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12989

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12989

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 Aisquith Street St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Marie Suesse

(a) Residence: No. 1541 Aisquith Street St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 27, 1861

7. AGE Years	Months	Days	If LESS than 1 day of time
73	6	28	######

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept. Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles W Suesse

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Augusta Johns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry Spurrier
(Address) 1541 Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 28, 1935

19. UNDERTAKER George [illegible]
(Address) [illegible]

20. FILED [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935 to May 25, 1935

I last saw her alive on May 24, 1935 Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	
Hypertension	
Cerebral Hemorrhage	
Other contributory causes of importance:	
Senile Cardiac	
Nephritis	

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No. Date of Injury ....., 19....

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No.

Manner of injury No.

Nature of injury No.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Virgil Littleton, M. D.

(Address) 1306 Eutaw Place

INSTRUCTIONS: WHILE THIS IS A PERMANENT RECORD, the information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 27 1935

M. D. P 1268-9

F 12990

HEALTH DEPARTMENT—CITY OF BALTIMORE

12990

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (Caroline St Dock 1 St, 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown John D Coffey (son)

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced
HUSBAND of Unknown
(or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) June 4, 1877 Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
probably 50				

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Philadelphia Pa

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME Elizabeth Coffey

16. BIRTHPLACE (city or town) (State or country) Philadelphia

17. INFORMANT X
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem Date May 27, 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19..... Registrar.

MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Probably accidental drowning — Date of onset

Other contributory causes of importance: X

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. P. Wright, M. D. Coroner

(Address) 1010 S. Ellwood Ave

Vital Statistics Record Form

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

12991

HEALTH DEPARTMENT—CITY OF BALTIMORE 12991

CERTIFICATE OF DEATH

Registered No. 86

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 252 S. Bethel St., 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emanuel Brown

(a) Residence: No. 252 S. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) Jan 26 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant ward

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 252 S. Bethel St Balto Md.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sadie Wesley

16. BIRTHPLACE (city or town) (State or country) Ryland Heights Baltimore Co. Maryland.

17. INFORMANT Sadie Brown
(Address) 252 S. Bethel St

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 27, 1935

19a. UNDERTAKER
(Address)

20. FILED May 27 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...
I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Eclampsia	1/2 hr.
	over
Other contributory causes of importance: Malnutrition	1 month

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 1010 S. Ellwood Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M.-D. P. 1268-9

F 12992

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 12992

122-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 St. Paul St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ella A. Mumma

(a) Residence: No. 222 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mount Rose

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME Reed Rice

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME Dorsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Mumma 222 St Paul St

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem. Date Jan 28 1935

19. UNDERTAKER Mrs Ida A Ellis & Daughter

(Address) 113 Guilford Ave

20. FILED ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-24 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-16, 1935, to 5-24, 1935. I last saw h alive on 5-24, 1935. Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	5/16/35
Related & Incurable Hernias	

Other contributory causes of importance: Colitis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. K. Jennings M. D.

(Address) 111 W. Lanvale St

M. D. 3

5-24-1935

R. F. W.

M. D. B. 1268-9

Ahern

F 12993

F 12993 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Church Home & Infirmary St. 27 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Susan Catherine Ahern

(a) Residence: No. 528 McCabe Ave St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 25 1871

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63	4		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Cornelius Edward Ahern

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Eleanor Hannan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Nellie Frost-Gerig
(Address) 528 McCabe Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pen Lott Cemetery Date 5/28/35

19. UNDERTAKER John B Logan
(Address) 3000 Eastern Ave

20. FILED MAY 27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to May 25, 1935

I last saw her alive on May 25, 1935. Death is said to have occurred on the date stated above, at 6.35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach & abdominal metastasis	1934

Other contributory causes of importance:

Name of operation Exploratory Laparotomy Date of 5/17/35

What test confirmed diagnosis? X Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Thos. F. Sedbrook, M. D.

(Address) Church Home & Infirmary

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 12994

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12994

Med

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL — Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. _____ St., 27 Ward)

Length of residence in city or town where death occurred 50 yrs. _____ mos. _____ ds. How long in U. S. If of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Margaret Dade

(a) Residence: No. 605 Gaynor St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Dade

6. DATE OF BIRTH (month, day, year) Oct. 1, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66		6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME James Sharkey

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Dooley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Balto Cemetery Date 5-9-35

19. UNDERTAKER Leonard Ruppert

(Address) 305 Walbrook

20. FILED MAY 27 1935 Harriet Tarr Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 25 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935 to May 25, 1935

I last saw her alive on May 25, 1935 Death is said to have occurred on the date stated above, at 3:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Arteriosclerosis	1932
Diabetes	
Arteriosclerotic Heart disease	
Myocardial Failure	

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19__

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place _____

Manner of injury _____

Nature of injury _____

21. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Marie Louise Coons M. D.

(Address) Johns Hopkins Hospital.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 12995

12995 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 Newington Ave. St., 13 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida A. Emory

(a) Residence: No. 709 Newington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John K. B. Emory

6. DATE OF BIRTH (month, day, year) March 8, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME Jacob Allison

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Maria Bortner

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Naomi Giese
(Address) 709 Newington Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date May 28 1935

19. UNDERTAKER John C. Mottu & Son
(Address) 1900 Eutaw Place

20. FILED MAY 27 1935 Arthur Fellows Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22.) I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to May 26 1935

I last saw h[illegible] alive on May 26 1935. Death is said to have occurred on the date stated above, at 5 30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1934
Cystic Kidneys	
Cerebral Hemorrhage	May 35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 720 W. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 12996

12996 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hosp 3 Hal St., Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin L Bourne Jr.

(a) Residence: No. 3325 Pine St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4th 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME Franklin L Bourne Sr

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Mary Bottrell

16. BIRTHPLACE (city or town) Balto
(State or country)

17. INFORMANT Franklin L. Bourne Sr
(Address) 3325 Pine st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mary Carey Hill Cem Date May 28 1935

19. UNDERTAKER Walter Davis
(Address) 3618 Chestnut ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22 1935 to May 26 1935

I last saw him alive on May 26 1935 Death is said to have occurred on the date stated above, at 10 00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myasthenia (Bulbar)	5/15/35
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Daniel E. Bouregy M.D.

(Address) Sydenham Hospital.

M. D. P. 1268-9. See instructions on back of certificate. This is very important.

M. D. B. 1268-9

F 12997

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12997

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 N. Lakewood Ave. Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Charles Plott

(a) Residence: No. 609 N. Lakewood Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mary G Glossler

6. DATE OF BIRTH (month, day, year) June 14th 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	20	10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tin-mill roller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Beth. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Henry Plott

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Philomina Dehm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Mary Plott

(Address) 609 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date 5/28/35

19. UNDERTAKER E. J. Fanning & Son

(Address) 1937 E. Lafayette Ave.

FILED 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to May 24th 1935.

I last saw h~~im~~ alive on May 24th 1935. Death is said to have occurred on the date stated above, at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	5/21/35
Chronic nephritis + Pyelitis.	6 mos.
Cardio - vascular - Renal	6 mos.
Other contributory causes of importance: Post-Hemiplegia - Cerebral Hypertension & ateriosclerosis Chronic Myocarditis.	5 mos.

Name of operation — Date of —

What test confirmed diagnosis? usual phy. exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F Krumrein, M. D.

(Address) 722 N Lakewood Ave

Instructions on back of certificate. See important.

M. D. B. 1268-9

F 12998

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 12998

34-J-92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) 17

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Jackson.

(a) Residence: No. 817 Pennsylvania Ave Ward:
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 11/14/1892.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Henry Jackson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Palmer Hayden.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place MT Zion Cem Date 5/28/ 1935

19. UNDERTAKER Frances A. Kemsley

(Address) 518 W. Baltimore St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21 1935 to 5/25 1935

I last saw him alive on 5/25 1935 Death is said to have occurred on the date stated above, at 9 40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac insufficiency Syphilitic	2 yr.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Pitts M. D.

(Address) Balto City Hosp.

IT IS VERY important. See instructions on back of certificate.

M. D. F 1268-9

F 12999 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 12999

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital, 23 St., ... Ward)

Length of residence in city or town where death occurred 62 yrs. 10 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma T. Miles.

(a) Residence: No. 914 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If ~~married~~ widowed, ~~or husband of~~ (or) WIFE of George W. Miles.

6. DATE OF BIRTH (month, day, year) Corrected May 29/35 July 22, ~~1872~~ 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 ~~62~~	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Sister Mary's Elks 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Mrs. Alvercia Medicus. (daughter)
(Address) 1722 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 5/28 1935

UNDERTAKER J. Frew McCully
(Address) 1306 Hanover St.

FILED ..... 19... ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 2.30 m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull.	
Accidental fall from 3rd story porch	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/25/35

Where did injury occur? 914 Hanover St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home.

Manner of injury Accidental fall.

Nature of injury Fractured skull.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto Reinhardt Coroner . M. D.

5/27/35 (Address) 1017 St. Charles St.

M. D. P. 1368-9

F 13000

HEALTH DEPARTMENT—CITY OF BALTIMORE

13000

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 N. Calvert St., 12 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah E. Curry

(a) Residence: No. 2503 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of Benjamin F. Curry

6. DATE OF BIRTH (month, day, year) Oct. 6 1851

7. AGE: Years 83; Months 7; Days 19; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Groom

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Trudden

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Frank E. Curry (Address) 2503 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date 5/28/ 1935

19. UNDERTAKER John A. Logan (Address) 3002 Barclay St.

FILED 1935 Register of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-15 1935 to 5/25/35 1935

I last saw her alive on 5/24/35 1935. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis	5
Other contributory causes of importance: Cerebral Hemorrhage	5/18/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carlton Hebbard, M. D.

(Address) 211 Hearst Tower

...ION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F.13001

HEALTH DEPARTMENT—CITY OF BALTIMORE

13001

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 408 E. 25th St., 12 Ward)

Length of residence in city or town where death occurred 56 yrs. 11 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Howard Curry

(a) Residence: No. 408 E. 25th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ann Loretta Monaghan

6. DATE OF BIRTH (month, day, year) June 17, 1879 ~~1878~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55 ~~56~~	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asst. Superintendent of City Hospital

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Howard Curry

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Charlotte ------

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Donald L. Reilly
(Address) 408 E. 25th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery 5/28 1935

19. UNDERTAKER Henry A. Meakin & Son
(Address) 702 N. Calvert St.

20. FILED 1935

MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1937. to May 25, 1935.

I last saw him alive on May 25, 1935. Death is said to have occurred on the date stated above, at 6.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	March 10, '34
Chronic Nephritis interstitial	" " "
Other contributory causes of importance:	
Arterio-sclerosis & hypertension	

Name of operation None Date of None

What test confirmed diagnosis Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify None

(Signed) Frank M. Ogden M. D.

(Address) 2701 N. Calvert St.

State CAUSE OF DEATH in plain terms. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13002

F 13002 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Thomas Ave. St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert James Morrow

(a) Residence: No. 1803 Thomas Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marian V. Morrow

6. DATE OF BIRTH (month, day, year) July 27, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	9	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR

10. Date deceased last worked at this occupation (month and year) [illegible]

11. Total time (years) spent in this occupation 17 yrs.

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William Morrow

14. BIRTHPLACE (city or town) Belfast
(State or country) Ireland

MOTHER

15. MAIDEN NAME Caroline Ritter

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Mrs. Marian V. Morrow
(Address) 1803 Thomas Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May 27th, 19 35

19. UNDERTAKER J. B. Cook
(Address) 1009 W. Baltimore St.

20. Filed MAY 27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 19 35

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1935, to May 26, 1935.
I last saw h[illegible] alive on May 26, 1935. Death is said to have occurred on the date stated above, at 8.55A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis of Stomach	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Emil Novak M. D.

(Address) 2129 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

(Pagliare) ✓ F 13003

13003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Geal Hosp. St. 3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. 40 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Stefanelli Pagliare

(a) Residence: No. 506 S. Exeter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raphael Pagliare

6. DATE OF BIRTH (month, day, year) Unknown.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Raphael Pagliare

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Penny Pagliare

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Raphael Pagliare

(Address) 506 E. Exeter St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 29 1935

19. UNDERTAKER Wendell Hopp

(Address) 1405 Gough St.

20. FILED MAY 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1935 to 5-25 1935

I last saw her alive on 5-20 1935 Death is said to have occurred on the date stated above, at 7.25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of Gall Bladder	

Other contributory causes of importance:

nephritis	
Cardiac decompensation	

Name of operation Cholecystotomy Date of 5-23-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. P. Stephens M. D.

(Address) Mt. Geal Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

13004

HEALTH DEPARTMENT—CITY OF BALTIMORE 13004

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Union Memorial Hospital

CITY OF BALTIMORE: (No. ..... St., 7[illegible] Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Betty Lou Minnin

(a) Residence: No. 605 S. New Kirk st St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, ~~Widowed~~, or ~~Divorced~~ (write the word): Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) April 25 35

7. AGE — Years: — Months: 1 Days: 1 If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm Minnin

14. BIRTHPLACE (city or town) (State or country) Pittsburg Pa.

MOTHER

15. MAIDEN NAME Madelyn Pierce

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm Minnin
(Address) 605 S New Kirk St

18. BURIAL, CREMATION, OR REMOVAL
Place Quartzoburn Date May 28th 1935

19. UNDERTAKER Leo G. Cook
(Address) 1705 N Patterson Park Ave

20. FILED [illegible] 19[illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to May 26, 1935.

I last saw her alive on May 26, 1935. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity
Pneumonia (Bronchial)

Date of onset
May 24 1935
May 25 1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Marvel L Hecht M. D.

(Address) Union Memorial Hospital

This CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 27 1935

F 13005

M. D. R. 1265

F 13005

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 100

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Weldon

(a) Residence: No. 908 N. Fulton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 9/5/54

7. AGE: Years 80 | Months 8 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): N. Y.

FATHER

13. NAME: Bartley Weldon
14. BIRTHPLACE (city or town) (State or country): N. Y.

MOTHER

15. MAIDEN NAME: Bridgett Duff
16. BIRTHPLACE (city or town) (State or country): N. Y.

17. INFORMANT: Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place: Cathedral Date: May 28, 19 35

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

20. FILED: MAY 28 1935 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1935 to 5/26, 1935

I last saw her alive on 5/26, 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Infarcts of lungs — Duration 1 wk
Thrombophlebitis multiple — Duration 1 mo?

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. AGE should be stated in every case. See instructions on back of certificate. OCCUPATION is very important.

M. D. F 1206

F 13006

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13006

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE: (No.) Jenkins Memorial Hospital 1000 Eaton ave St., 13 Ward)

Length of residence in city or town where death occurred 81 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Elizabeth Berger

(a) Residence: No. 1609 Gough Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jerome Berger

6. DATE OF BIRTH (month, day, year) July 1, 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81	10	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Pine Creek Pa.

FATHER

13. NAME Benjamin Rudolph

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Coffey

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Eaton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date 5/29, 1935

19. UNDERTAKER John Cook Gould
(Address) 1217 E. Baltimore St.

20. FILED MAY 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to May 26, 1935

I last saw her alive on May 26, 1935 Death is said to have occurred on the date stated above, at 1:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerotic Heart Disease	
Cerebral Hemorrhage	5-22-35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Samuel Kemp, M. D.

(Address) St. Agnes Hosp.

Information should be carefully supplied. AGE should be stated even if approximate. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F 12689 F 13007

F 13007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 209-M

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2814 Kentucky Ave St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sutton I. Weems

(a) Residence: No. 2814 Kentucky Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~last WIFE of~~ Lucie R. Weems

6. DATE OF BIRTH (month, day, year) April 2nd 1850

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	1	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Daniel Miller Co.

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Sutton I. Weems

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER

15. MAIDEN NAME Cassie Dare

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Lewis B. W. Weems

(Address) 5324 Wesley Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

MAY 28 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/22 1935

Where did injury occur? Brair Rd + Kentucky Ave Balto. Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In street

Manner of injury Struck by a street car

Nature of injury Cerebral Concussion.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenken M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 13008

M. D. F. 1208-9 F 13008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 E Lafayette St., 18 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William F. Shaw

(a) Residence: No. 1817 E Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Elizabeth Neville Shaw

6. DATE OF BIRTH (month, day, year) Jan 14 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	84	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gotta Raymond 88

10. Date deceased last worked at this occupation (month and year) 1919

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore (State or country) Md

FATHER

13. NAME William F. Shaw

14. BIRTHPLACE (City or town) Baltimore (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Logue

16. BIRTHPLACE (City or town) Balto (State or country) Md

17. INFORMANT Donna Stevens
(Address) 1817 E Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Summers Date May 29 1935

19. UNDERTAKER Wm Cox
(Address) 1210 E Baltimore St

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to May 27 1935

I last saw h... alive on May 27 1935 Death is said to have occurred on the date stated above, at 2:17 P M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart disease	
Other contributory causes of importance	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lucas Fisher, M. D.

(Address) 1823 4 Mad Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13009

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13009

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH: Received Dead on arrival (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. City Hospital St., Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Moulds

(a) Residence: No. 715 S. Lakewood Ave Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 3rd 1926

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Edward L. Moulds

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Madeline B. Wright

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Edward L. Moulds

(Address) 715 S. Lakewood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date May 29th 1935

19. UNDERTAKER Wm Cook

(Address) 1219 E. Baltimore St

20. FILED MAY 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on January 5/27 1935 Death is said to have occurred on the date stated above, at 1 45 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 5/26 1935

Where did injury occur? Eastern Ave, Near Lakewood (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto, while

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) At Sea, specify. Date, 1935 M. D.

(Address) 5142 Harford Ave Coroner

VSG OCCUPATION is very important. See instructions on back of certificate.

F 13010 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13010

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3409 Walbrook Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Margaret N. West

(a) Residence: No. 3409 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John T. West

6. DATE OF BIRTH (month, day, year) Feb 14th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Kansas

FATHER

13. NAME Thomas R. Clark

14. BIRTHPLACE (city or town) (State or country) Kansas

MOTHER

15. MAIDEN NAME ? Avery

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT R. G. Townsend

(Address) 3409 Walbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date May 28th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Funeral Home

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 14 34 to May 25 1935

I last saw h alive on May 25 1935. Death is said to have occurred on the date stated above, at 6:35 P.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Nov 1934

over

Other contributory causes of importance:

Arterio-sclerosis — 1928

Hypertension — 1928

Was an operation performed? No Date of

For what disease or injury? No

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D Stubbs M. D.

(Address) 2220 Harrison

OCCUPATION is very important. See instructions on back of certificate.

F 13011 F 13011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 519 W. Mulberry St., H Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME John H. Wasser
(a) Residence: No. 519 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26 1869

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
66	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pool Parlor
10. Date deceased last worked at this occupation (month and year) 1929
11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Lewis Masser
14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER
15. MAIDEN NAME Elizabeth Finch
16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT John J. Shingler
(Address) 113 Witherspoon Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date May 29 1935

19. UNDERTAKER Wm Cook
(Address) 1217 Park Ave

21. FILED MAY 28 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935 to May 26, 1935
I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I. Adenoma Urinary Bladder.	1933

Other contributory causes of importance:

Secondary Anemia	4/1935

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. A. Lemmimell M. D.
(Address) Medical Arts Bldg.

M. D. B. 126 F 13012

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13012

CERTIFICATE OF DEATH

1 ✓ 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Smith Baltimore Hosp 24 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Mack

(a) Residence: No. 1428 Woodall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colrd	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Alice Mack

6. DATE OF BIRTH (month, day, year) Jan 11, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Mack

14. BIRTHPLACE (city or town) Balto Md (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) Balto Md (State or country)

17. INFORMANT Alice Mack (Address) 1428 Woodall St

18. BURIAL, CREMATION, OR REMOVAL Western Cem Date 5/29/35

19. UNDERTAKER Geo Edgerton (Address) 1-21 N Fremont St

20. FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935, to May 27, 1935

I last saw him alive on May 27, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	

Other contributory causes of importance:

Myocardial failure	

Name of operation Prostatectomy Date of 5/13/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. DeWolfe, M. D.

(Address) Smith Baltimore Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. P. 1268-9

F 13013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13013

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 524 Argyle Ave. or St.) (Ward) 17

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Thompson

(a) Residence: No. 524 Argyle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	B.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Thompson

6. DATE OF BIRTH (month, day, year) 4-8-83.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm Gormley

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Martha Clark

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Hawk

(Address) 524 Argyle

18. BURIAL, CREMATION OR REMOVAL

Place St. Peters Date 5-28- 1935

19. UNDERTAKER Mrs Geo. H. Holland

(Address) 1681 Eutaw Place

Filed MAY 28 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24/35

22. I HEREBY CERTIFY, That I attended deceased from 4/21/35 to 5/24/35, 19

Last saw her alive on 5/22/35. Death is said to have occurred on the date stated above at 2:10 p. m.

The principal cause of death and related causes of importance were as follows: Date of onset

Chronic Nephritis

Other contributory causes of importance Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed A. Lee Hill, M. D.

(Address) 524 Argyle Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. P. 1268-9

8124

F 13014

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13014

CERTIFICATE OF DEATH

✓ 131

I. PLACE OF DEATH

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 852 Park St., 11 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily J. Blum

(a) Residence: No. 852 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE~~ of) Chas. Blum

6. DATE OF BIRTH (month, day, year) Dec 2, 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	5	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York, Pa.

FATHER

13. NAME Franklin Goodsell

14. BIRTHPLACE (city or town) (State or country) York, Pa

MOTHER

15. MAIDEN NAME Rhoda Good

16. BIRTHPLACE (city or town) (State or country) York, Pa.

17. INFORMANT Minnie J Blum
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 5-28-1935

19. UNDERTAKER Jos. Gr. C. Kelly & Co
(Address) 161 Druid Hill Ave.

20. FILED MAY 28 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1934 to May 25, 1935
I last saw her alive on May 23, 1935 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial Nephritis	2 years

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ?

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. C. Pelletreau M. D.

(Address) 57 Hamilton Ter.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

M. D. No. 12[illegible]

F 13015

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13015

CERTIFICATE OF DEATH

✓ 167

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6202 Marietta Ave. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 1 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter H. Fox

(a) Residence: No. 6202 Marietta Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of ~~or WIFE of~~ Barbara C. Fox

6. DATE OF BIRTH (month, day, year) April 1, 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 806

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland ?

FATHER

13. NAME Lewis C. Fox

14. BIRTHPLACE (city or town) (State or country) Maryland ?

MOTHER

15. MAIDEN NAME Annie E. Kraft

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Franklin B. Fox
(Address) 2706 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 5/28/35

19. UNDERTAKER Harry H Wolfe
(Address) 4101 Edmondson Ave

20. FILED MAY 28 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 26, 1935

Where did injury occur? 6202 Marietta Ave. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot.

Nature of injury Bullet Wound of heart.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1919 E. North Ave.

M. D. F 13016

F 13016

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3805 W. Garrison Ave (Ward) 25

Length of residence in city or town where death occurred 65 yrs. 4 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adolph Firmeyer

(a) Residence: No. 3805 Garrison Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lena Firmeyer

6. DATE OF BIRTH (month, day, year) Jany 22 - 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Millinery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Firmeyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Christina Gunkel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Lena Firmeyer

(Address) 3805 W Garrison

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/28 1935

19. UNDERTAKER W. J. Redmond Sons

(Address) Pratt & Fremont

20. FILED MAY 28 1935 Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1/35 to May 27/35

last saw h.m alive on May 25/35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma - rectum	?
Secondary anemia	May 12/35

Other contributory causes of importance:

Arterio-sclerosis	1928
Myocarditis - mo	Jan 1/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Walter D Attix M. D.

(Address) 2220 Garrison

M. D. B. 1-9 F 13017

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13017

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2530 Maryland Ave St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Franklin Porter

(a) Residence: No. 2530 Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Madora J. Porter

6. DATE OF BIRTH (month, day, year) Dec 1-1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	5	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Collector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Book Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Wm F Porter

14. BIRTHPLACE (city or town) (State or country) Charleston S.C.

MOTHER

15. MAIDEN NAME Margaret Tomkinson

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Mrs. Edmonston

(Address) 2530 Maryland Ave

18. BURIAL, CREMATION, OR REMOVAL. Place Lutz Date May 28 35

19. UNDERTAKER 701 Pennsylvania Ave

(Address)

20. FILED, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20 to May 25 1935

last saw h alive on May 25 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fibroid Pulmonary Tuberculosis. Both Lungs.	Jan 1920

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos. H. Maynard M. D.

(Address) 1 St. E. Read St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1935

M. D. B. 1268-9

F 13018

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13018

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. Md St., 14 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Hardesty

(a) Residence: No. 437 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1935

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Vassie

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Baltimore City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 5/29 35

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pressman St

20. FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-4- 1925 to 5-26- 1935

I last saw h alive on 5-26- 1935 Death is said to have occurred on the date stated above, at 4.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/26/35

Other contributory causes of importance:

Acute & Chronic Alcoholism
& Psychosis & Progressive
Arterio Sclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Harry Beckett M. D.

(Address) Baltimore City Hospital

M. D. F. 1268-9

F 13019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13019

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1322 N. Calhoun St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wavely T. Williams

(a) Residence: No. 1322 N. Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elsie Williams

6. DATE OF BIRTH (month, day, year) mar 12, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk. Va

FATHER

13. NAME Waverly Thomas Sr

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Elsie Williams

(Address) 1322 n calhoun st.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn cemetery Date 5/28 19 35

19. UNDERTAKER Thos. E. Kalon

(Address) 1303 Pennsylvania Ave

20. FILED MAY 28 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 21 19 35 to May 26 19 35

I last saw him alive on May 26 19 35 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5/21/35

Other contributory causes of importance:

No

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. J. Hofeker M. D.

(Address) 1705 Pennsylvania Ave

M. D. B 1268-9

F 13020 HEALTH DEPARTMENT—CITY OF BALTIMORE 13020

CERTIFICATE OF DEATH

75

1. PLACE OF DEATH — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Woods in rear of 3600 E. Biddle St., 24 Ward)

Length of residence in city or town where death occurred 45 yrs. 2 mos. 29 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph E. Busick

(a) Residence: No. 1700 Bell St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Helen Busick

6. DATE OF BIRTH (month, day, year) February 29 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	2	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R. R. Co.

10. Date deceased last worked at this occupation (month and year) May 25, 1935 | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME George L. Busick

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary A. Elliott

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Sarah C. James
(Address) 409 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Cem Date May 30 1935

19. UNDERTAKER George W. Zinkan
(Address) 1737 E. Eager St.

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Alcoholism	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) Paul Schenker ... M. D.
Coroner

(Address) 1917 E. North Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1935

M. D. B. 1268-9

F 13021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13021

CERTIFICATE OF DEATH

176

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL

CITY OF BALTIMORE: (No. BALTIMORE, MD St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward A. Valiant

(a) Residence: No. 938 N. Washington St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Valiant

6. DATE OF BIRTH (month, day, year) May 9 - 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	69	-	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Guard (Retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md. Penitentiary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Samuel Valiant

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Gardner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Charles E. Valiant

(Address) 938 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore cem. Date May 29, 1935

19. UNDERTAKER George W. Zipfel

(Address) 1737 E. Eager St.

20. FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25/35

22. I HEREBY CERTIFY, That I attended deceased from 5/14/35, to 5/25/35

I last saw him alive on 5/25/35. Death is said to have occurred on the date stated above, at 10:55 p m.

The principal cause of death and related causes of importance were as follows:

Cholecystitis - cholelithiasis. Date of onset 5/14/35

Other contributory causes of importance:

Hernia - Hemorrhage.

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. M. Mansell, M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1263-9

F 13022 ✓ F 13022

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 14 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. dys. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Wakeman Emily A Wakeman

(a) Residence: No. 1619 Bolton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 3/30/1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery May 23, 1931

19. UNDERTAKER Chas. S. Black
(Address) 742 W Fayette Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/1931

22. I HEREBY CERTIFY, That I attended deceased from 5/22, 1931 to 5/26, 1931

I last saw h[illegible] alive on 5/26, 1931 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
G. I. Malignancy	?
Other contributory causes of importance: Starvation Acidosis	4 wks.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 6 3

M. D. F 1268 13023

F 13023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3605 Fairview ave St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Frances Fribush

(a) Residence: No. 3605 Fairview ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Benjamin Farb

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Goldie —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Fribush

(Address) 3605 Fairview ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Southern ave Date May 28 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1121 E Balto st

20. FILED MAY 29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12, 1935 to May 27 1935

I last saw her alive on May 26, 1935 Death is said to have occurred on the date stated above, at 12:30 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-vascular Disease	several years
Chronic Nephritis	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. A. Sussman M. D.

(Address) 2370 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13024 ✓ F 13024

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-F

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jasper Prencutis

If U. S. Veteran specify WAR .....

(a) Residence: No. 259 East St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 2/26/73.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
62	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy.

FATHER

13. NAME Salvatore

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Louise

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records Bch

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 29, 1935

19. UNDERTAKER Frank Della Rocca

(Address) 52 N. Monroe St

20. FILED ..., 19... Registrar .....

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/30, 1934 to 5/27/35, 1935

I last saw him alive on 5/25, 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of spinal cord (1)	1933.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 13025 ✓ F 13025

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 10 N Ballington St. or ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 89 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary B. Schraudenbach — If U. S. Veteran specify WAR .....

(a) Residence: No. 10 N. Ballington St. ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 8 - 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	89	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Joseph Schraudenbach

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary B.?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George A. Mueller

(Address) 1410 S Ann ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date May 29, 1935

19. UNDERTAKER Martin H. G. Dippel

(Address) 37 S. Ann St.

20. FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1935 to May 26, 1935

I last saw h alive on May 23, 1935 Death is said to have occurred on the date stated above, at 4 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma (uterus)	12/1/34

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene L. Cavazzo M. D.

(Address) 514 Drury Lane

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-30—M. & T.—250 Bks.

F 13026 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13026

CERTIFICATE OF DEATH.

50

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1338 W. Lombard ST., 19 WARD)

2-FULL NAME Ruth N Warner

(a) RESIDENCE NO. 1338 W. Lombard ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

5a If married, widowed, or divorced HUSBAND of or) WIFE of: Ernest Warner

6 DATE OF BIRTH (month, day, and year): 1907

7 AGE: Years 27; Months; Days; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: Henry Nelson

11 BIRTHPLACE OF FATHER (city or town) (State or country): Frederick Md

12 MAIDEN NAME OF MOTHER: Mary Poole

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Frederick Md

14 Informant: Ernest Warner

(Address): 1338 W Lombard

15 Filed [illegible] 19 [illegible] Registrar

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 26, 1935

17 I HEREBY CERTIFY, That I attended deceased from 5/1, 1935, to 5/26/35, 1935,

that I last saw her alive on 5/26, 1935,

and that death occurred, on the date stated above, at 3:20 p m.

The CAUSE OF DEATH* was as follows:

Carcinoma of breast.

(duration) 1 yrs. 2 mos ds.

CONTRIBUTORY (Secondary): Metastasis (general)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? Yes Date of 4/1/35

Was there an autopsy? No.

What test confirmed diagnosis? Exam.

(Signed) Theodore E Stacy, M. D.

June, 1935 (Address) 501 Edmondson

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park

DATE OF BURIAL: 5/28 1935

20 UNDERTAKER: Robert Brooks & Son

ADDRESS: Calhoun & Holland sts

PLEASE, WRITE CAREFULLY. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

13027

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13027

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 70 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Louis Hudson. If U. S. Veteran specify WAR

(a) Residence: No. 310 Stinson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/29/1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Wm R Hudson.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Hylton.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 5/30, 1935

19. UNDERTAKER Robert Brooks & Son
(Address) Calhoun & Holbein sts

MAY 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/6, 1935, to 5/27, 1935

I last saw him alive on 5/27, 1935. Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	2 wks
gall bladder (?)	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-0

F 13028

13028

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 173

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Esau Gallop

(a) Residence: No. 922 W. Lexington St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 30, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	29	7	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER

13. NAME Geo. Gallop

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Amandilly Harrison

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Geo. Gallop (Brother)
(Address) 922 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Browder, N.C. Date May 28, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 325 S. Schroeder St

20. FILED ... 19...
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a. m. 15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Chest	
From Bullet Wounds	
(Firearms)	May 25, 1935

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Justifiable Homicide Date of injury May 25, 1935

Where did injury occur? 903 W. Fayette St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Street in frount of 903 W Fayette St.

Manner of injury Bullet Wound Of Chest

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. K. Mullen M. D.

(Address) 2757 W. North Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S O

M. D. B 1268-9

F 13029 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13029

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N Mount St., 16-3 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lelia Blackwell

(a) Residence: No. 619 N Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of unk.

6. DATE OF BIRTH (month, day, year) Feb 22-1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anderson SC

FATHER

13. NAME Wm Moore

14. BIRTHPLACE (city or town) (State or country) Lowerville SC

MOTHER

15. MAIDEN NAME Virginia Moore

16. BIRTRPLACE (city or town) (State or country) Lowerville SC

17. INFORMANT Harvey Blackwell

(Address) 619 N Mount St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date May 28, 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 E. Schroeder St.

Filed MAY 28 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-25-35

22. I HEREBY CERTIFY, That I attended deceased from 5-25 19 35 to 5-25 19 35

I last saw h alive on 5-25 19 35 Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	5-24

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Surgical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. L. Allen M. D.
Coroner

(Address) 1501 Hanover St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 6

M. D. P. 1268-9

F 13030

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13030

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1200 Valley St St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Schreier

(a) Residence: No. Little Sisters of the Poor 1200 Valley St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Reily

6. DATE OF BIRTH (month, day, year) 22 Dec. 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Jacob Schreier

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sister Stanislaus, Supr.

(Address) Little Sisters of the Poor 1200 Valley St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Vincents Date May 29 . 1935

19. UNDERTAKER Filz Undertaking

(Address) 414 Greenmount Ave

Huntington, W. Va.

19 ... Registrar.

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 27 May . 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931. to May 27 . 1935

I last saw him alive on May 24 . 1935 Death is said to have occurred on the date stated above, at 1:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr Nephritis	3
Chr Endocarditis	2

Other contributory causes of importance:

Prostatectomy	5
Acute Pulmonary Edema	7

Name of operation Phys Lat Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) L. M. Carlin . M. D.

(Address) 1114 Hartford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13031

F 13031

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93 II

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Pennington Ave. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 7 mos. 19 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Zucker.

(a) Residence: No. 1649 Normal Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (XXXXXXXXXXXX) Louisa Zucker.

6. DATE OF BIRTH (month, day, year) October 7, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	7	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry dealer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Herman R. Zucker.

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Mary Kiener.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Louisa Zucker. (wife)
(Address) 1649 Normal St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 5/30/35

19. UNDERTAKER Henry Strohe Son
(Address) 1301 E. Eager St.

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency.	
Acute dilatation of the heart.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt M. D.
5/27/35 (Address) 1017 E. Charles St. Coroner

N. B.—WRITE PLAINLY, be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Use

MAY 28 1935

M. D. F 13032 (1268)

F 13032

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 932

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1103 E. Eager St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 1 mos. ds. How long in U. S. If of foreign birth 82 yrs. — mos. — ds.

2. FULL NAME Mary B. Stock

(a) Residence: No. 1103 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced (or) WIFE of Adam Stock

6. DATE OF BIRTH (month, day, year) Dec. 4 1842

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	92	5	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Wm. Abell

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Mr. Anton Stock

(Address) 617 N. Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date May 29, 1935

19. UNDERTAKER Henry Stock Sons, Inc.

(Address) 1311 E. Eager St

20. FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May, 1934, to May 26, 1935

I last saw h alive on May 25, 1935. Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a General Arteriosclerosis	10 yrs.
b	
c	

Other contributory causes of importance:

Chronic Myocarditis	not known

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

21. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

M. D. B 1268-9

F 13033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13033

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 224 Madiera St. St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME William Taylor

(a) Residence: No. 224 Madiera St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Matilda Taylor

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Unknown

17. INFORMANT Matilda Taylor

(Address) 224 Madiera St.

18. BURIAL, CREMATION, OR REMOVAL

Place Fairmount Md Date May 28, 1935

19. UNDERTAKER Lottie Gross

(Address) 1408 Ashland Ave

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	?
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis, Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. North Ave

N. B. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

MAY 28 1935

M. D. F. 1268-9

F 13034

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13034

CERTIFICATE OF DEATH

✓ 107a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., V Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5(?) yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Janowski.

(a) Residence: No. 718 S. Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 1844.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
91			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Record Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Hill Date 5/28 1935

19. UNDERTAKER J. J. Fahey Son
(Address) 1613 E. Eager St.

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/22 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/29 1934 to 5/22 1935

I last saw him alive on 5/22 1935 Death is said to have occurred on the date stated above, at 7 40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (?)	(?)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reese M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 26 1935

M. D. B 1268-9

F 13035 F 13035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

1. PLACE OF DEATH

CITY OF BALTIMORE (No. Fort St & President St & Patapsco St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harwood Hooper

(a) Residence: No. 2239 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of X

6. DATE OF BIRTH (month, day, year) Dec 27 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
53 54	54	5	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk. B&OR R

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) Balto (State or country) Md.

FATHER

13. NAME Robert Hooper

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Susan V Parker

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Arthur V Hooper

(Address) Deer Spring Cross Co Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date May 28 1935

19. UNDERTAKER Jenny V. Hopkins Sons & Co

(Address) W Eutaw & Richard Sts

20. FILED ..... 19.... ..... Registrar.

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Prior May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw him alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Probably accidental	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Probable Accident Date of injury ..... or hearing

Where did injury occur? Found in water off Fort St & President St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury probably accidental

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Eutaw Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. 2. 1268-9

F 13036

13036 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Brown.

(a) Residence: No. 2234 E. Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 12/19/~~1870~~ 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60~~64~~	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none Former Broommaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 0 0

12. BIRTHPLACE (city or town) (State or country) Phila.

FATHER 13. NAME Geo Brown

14. BIRTHPLACE (city or town) (State or country) Phila Pa.

MOTHER 15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Phila Pa

17. INFORMANT Mary Gotch Friend
(Address) 2234 E Chase St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date 5/29 1935

19. UNDERTAKER Richard F. Curley Inc
(Address) 708 E Monument

20. FILED MAY 28 1935 19 : : AM Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/23 1935 to 5/27 1935

I last saw him alive on 5/27 1935 Death is said to have occurred on the date stated above, at 5 20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, (?) Cause unknown	3 wks.
Bronchopneumonia	3

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Gerts M. D.

(Address) Balto City Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any false information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

(Philomena Belt) F 13037

F 13037

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

71-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2234 Eagle st St., 20 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philamena Belt

(a) Residence: No. 2234 Eagle st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, with UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13037

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George M Belt

6. DATE OF BIRTH (month, day, year) Jan 29 1851

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) France

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Edith C. Ford

(Address) 2234 Eagle St.

18. BURIAL, CREMATION, OR REMOVAL

London Park Date May 29 1935

19. UNDERTAKER Thompson & Son

(Address) 3615-17 Eastern Ave

20. FILED MAY 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1934 to May 27 1935

I last saw her alive on May 27 1935. Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic anemia	6 mos
	ago

Other contributory causes of importance:

Acute cardiac dilatation	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Benjamin Millard M. D.

(Address) 2030 Wilkens ave

M. D. B. 7268-9

F 13038

13038 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-J-92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

Length of residence in city or town where death occurred 12 yrs. mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Ray Langley

(a) Residence: No. 4 Wrdenfield Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? — 0-87

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk, Va.

FATHER

13. NAME Levie

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Martha Smith

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 28 19 35

19. UNDERTAKER
(Address)

20. FILED MAY 28 1935 Registrar

L.P.S. RKR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/10 1935 to 5/24 1935

I last saw h[illegible] alive on 5/24 1935 Death is said to have occurred on the date stated above, at 3 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	3 1/2 Mo.
Syphilitic	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

I. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH 141 N. West

Registered No. F 13039

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Austina Washington

(a) Residence: No. 141 N West St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: David Washington

7. DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country):

17. INFORMANT: David Washington

(Address) 1414 W. West St

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date May 30 1935

19. UNDERTAKER: Joseph A. Lorty & Son

(Address) 1091 Mount Street

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/35 19

22. I HEREBY CERTIFY, That I attended deceased from May 22 1935 to May 26 1935

I last saw h... alive on May 26 1935 Death is said to have occurred on the date stated above, at 5:30 A M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Toxemia

Name of operation: Physical sign Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. G. Thompkins M. D.

(Address) 501 W Hamburg St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 33

M. D. F 1265-9

F 13040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13040

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5003 Greenleaf Road St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred (yrs. 50) mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA SANSONE

(a) Residence: No. 5003 Greenleaf Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

5a. If married, widowed, or divorced (or) WIFE of Andrew Sansone

6. DATE OF BIRTH (month, day, year) 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Joseph Catanzaro

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Caroline Catanzaro

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs. Guiseppa Lanasa

(Address) 5003 Greenleaf Road

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date May 29th. 1935

19. UNDERTAKER Chas F. Fraser & Son

(Address) 118 W. Lafayette Ave

20. FILED MAY 29 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26th. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 1934 to May 26 1935

last saw h[illegible] alive on May 26 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Cerebral Hemorrhage	1931
Cerebral Hemiplegia	1931
Old Age -	

Other contributory causes of importance:

Acute Cardiac Dilatation	1935

Name of operation — Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) D. H. Bush, M. D.

(Address) 502 Fidelity Bldg.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should be careful in filling out information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 13041

13041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 160a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital 33rd & Calvert Sts. St. 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gordon

(a) Residence: No. 305 Bosley Ave, Towson, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
F	W	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 25 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	9 hrs. 55 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Memorial Hospital 33rd & Calvert Sts

FATHER

13. NAME Howard Gordon
14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Marion Askew
16. BIRTHPLACE (city or town) (State or country) Philadelphia, Pa.

17. INFORMANT Mrs. Howard Gordon (mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Union Memorial Hospital Date May 28, 1935

19. UNDERTAKER
(Address)

20. FILED MAY 28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-25-35, 19, to 5-26-35, 19

I last saw her alive on 5-26-35, 19. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (apparent 7 Mos)	
Other contributory causes of importance: Maternal Chronic Nephritis	(years)

Name of operation (Delivery by Caesarean Section) Date of 5-25-35

What test confirmed diagnosis? → Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) A. Alexander M.D.
(Address) Union Memorial Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE INFORMATION REQUIRED IS FOR STATISTICAL PURPOSES. PHYSICIANS should be carefully supplied. AGE should be stated EXACTLY. information should be properly classified. Exact statement of terms, so that it may be CAUSE OF DEATH in plain OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1930 F 13042 ✓ F 13042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 315 S. Stricker St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Williams

(a) Residence: No. 315 S. Stricker St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 24-1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Diler, Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pumping Station

10. Date deceased last worked at this occupation (month and year) 20 8

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Charles F Williams

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Matilda Cramer

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Rose Linton

(Address) 315 S. Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place London Pk Date May 29 1935

19. UNDERTAKER Geo. L. Boyer Jr

(Address) 512 Fulton St

20. FILED ..... 19.. ..... Registrar.

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to May 26 1935

I last saw h alive on May 25 1935 Death is said to have occurred on the date stated above, at 11:50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma oesophagus	?

Other contributory causes of importance:

General Cachexia —

Name of operation none Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No -

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Anthony V. Bachuras M. D.

(Address) 37 S. Stricker St

information should be carefully supplied. Age should be stated exactly. Abbreviations should not be used. If the deceased was married, widowed, or divorced, state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

F 13043

F 13043

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 14 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Worley

(a) Residence: No. 2121 Division st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Worley

6. DATE OF BIRTH (month, day, year) June 15, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Houseman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Solomon Worley

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Anna Hodge

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place mt Auburn Cem Date 5/28, 1935

19. UNDERTAKER Thos. E. Kalas
(Address) 1323 Pressman St

MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 14, 1935, to May 23, 1935.
I last saw him alive on May 23, 1935. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Spring 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospital

N. B.—Items should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13044 F 13044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 619 N. East Ave 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dorthea D. Lowe.

(a) Residence: No. 619 N. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jimmy N. Lowe

6. DATE OF BIRTH (month, day, year) Dec 19-1903

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Centerville Md

FATHER

13. NAME Wm Tenyman

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Frances Meyers

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Jimmy N. Lowe

(Address) 619 N. East Ave

18. BURIAL, CREMATION, OR REMOVAL Woodland Cem Date 5/29 1935

19. UNDERTAKER Leonard Murphy

(Address) 605 E. Fayette St

20. FILED MAY 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27/35 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 28/34 to May 27/35 19

I last saw h. alive on May 27/35. 19 Death is said to have occurred on the date stated above, at 9 P. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Carcinoma of stomach.
From history started about Dec. 28/34

Other contributory causes of importance:

Terminal pneumonia.
Duration 2 days.

Name of operation None. Date of

What test confirmed diagnosis? Exam. Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did NONE occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) B V Kelly M. D.

(Address) 100 N. Lansdowne Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

Marguette Wakefield

✓ F 13045

HEALTH DEPARTMENT—CITY OF BALTIMORE

13045

CERTIFICATE OF DEATH

89-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. gen. Hosp. St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaretelewakefield

(a) Residence: No. 613 McKewin Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of / WIFE of: Admitted

6. DATE OF BIRTH (month, day, year): 5-30-1921

7. AGE: Years 13; Months 11; Days 22; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Student

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Stanley A Wakefield

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Margaret Coffey

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Mary Margaret Wakefield

(Address) 613 McKewin Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: 5-31- 1935

19. UNDERTAKER: Leonard J Pugh

(Address) 5305 Harford Rd

20. FILED: MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-22-35, 19, to 5-26-35, 19

I last saw her alive on 5-26-35, 19 Death is said to have occurred on the date stated above, at 11:45 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Otitis media	5-10-35
Streptococcus Meningitis	5-19-35
Other contributory causes of importance: Myocarditis Fulminans	5-26-35

Name of operation: Mastoidectomy Date of 5-22-

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) W. P. Stapleton, M. D.

(Address) Md. gen Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13046 ~~F 13038~~ York Rd.

13046 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 513 E. 41st St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mark W. Pryor

(a) Residence: No. 513 E. 41st St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Katherine Wilson

6. DATE OF BIRTH (month, day, year) Feb. 6th 1873

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
62	3	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreign Freight Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME George Pryor

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME Emma Traylor

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT Robt. Pryor

(Address) 513 E. 41st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cemetery Date 5/29 1935

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED MAY 28 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1934 to May 27 1935.

I last saw h[illegible] alive on May 27 1935. Death is said to have occurred on the date stated above, at 3a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Hypertension	3 yrs
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. W. Wheeler, M. D.

(Address) 1201 York Rd.

INFORMATION should be carefully supplied, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

A&Co. 5-31 250B

F 13047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13047

93-C.

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 430 Roland Ave. St., 27 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. 9 mos. 11 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Anne Dunn

(a) Residence: No. 4301 Roland Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William J. Dunn

6. DATE OF BIRTH (month, day, year) Aug 5, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME James Dagen

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Catherine Kenedy

16. BIRTHPLACE (city or town) Ireland
(State or country)

17. INFORMANT Rev. Harry Dunn
(Address) Cathedral

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date 5/29, 1935

19. UNDERTAKER Kenney & Weaver 2 Sons
(Address) 505 N. Gay St.

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 1, 1927 to May 26, 1935
I last saw h.. alive on May 26 1935 death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Pulmonary Edema	

Name of operation None Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19...
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury —
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Thomas F. Ticknor M. D.

(Address) 1129 N. Calvert St.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAY 28 1935

M. D. B. 1268-9

F 13048

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13048

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Etting St. 11th Ward)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary F. Tramel

(a) Residence: No. 1407 Etting St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 14th 1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Thomas Tamel.

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jackson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Margarette Jackson
(Address) 221 N. N. West Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Lincoln Cemetery Md. Date May 29 1935

19. UNDERTAKER Archibald A. Gaskins
(Address) 2101 McCulloh St.

20. FILED MAY 28 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19- 35 to May 26-1935

I last saw h alive on May 26 1935 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/19/35

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) F. W. Thomas, M. D.

(Address) 1012 Eutaw Place

N. B.—WRITE PLAINLY with pen and ink. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

Boring

F 13049

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13049

CERTIFICATE OF DEATH

X 111-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen. Hospital St., 11 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Margaret M. Boring

(a) Residence: No. Hampstead Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mr. M. V. Boring.

6. DATE OF BIRTH (month, day, year) Jan 6-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home

10. Date deceased last worked at this occupation (month and year) 5/1935

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Penna.

FATHER

13. NAME J. V. Wentz

14. BIRTHPLACE (city or town) (State or country) Penna

MOTHER

15. MAIDEN NAME Ellen Tracey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Chart.
(Address)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hampstead Md Date May 31 1935

19. UNDERTAKER Edw. C. Tipton
(Address) Hampstead Md.

20. FILED MAY 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-28-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21-35, 19 to 5-28-35, 19.

I last saw her alive on 5-28-35, 19. Death is said to have occurred on the date stated above, at 7.40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
I Pulmonary Embolism	

Other contributory causes of importance:

Name of operation Forceps Delivery Date of 5-22-35

What test confirmed diagnosis? Was there an autopsy? NA

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, how?

(Signed) H. C. Proctor M. D.

(Address) Md Gen Hospital

Exact statement of information should be carefully supplied. Age should be stated in years, months and days if under one year. Cause of death must be properly classified. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13050 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13050

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3304 Elm Ave Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 7 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ulysses Grant McCleary If U. S. Veteran specify WAR .....

(a) Residence: No. Grasonville, Queen Anne Co. Md. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Sallie McCleary

6. DATE OF BIRTH (month, day, year) Mar 31st 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Photographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 1086

10. Date deceased last worked at this occupation (month and year) 1923

11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (city or town) (State or country) Carroll Co Md

FATHER

13. NAME John McCleary

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sallie McCleary (Address) 3304 Elm Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Date May 30th 1935

19. UNDERTAKER Wm Cook (Address) 1207 St Paul St

20. FILED MAY 28 1935 ~~Hartsville, Baltimore, Md.~~ RR 1

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/19, 1935 to 5/27, 1935

I last saw him alive on 5/27, 1935 Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. L. Grandon M. D.

(Address) 1123 St. Paul St

Information should be given in plain terms, so that it may be properly classified. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268

F 13051

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13051

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1253-E Fayette St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Shell Briscoe

(a) Residence: No. 1253-E-Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Wife of Thomas Briscoe

6. DATE OF BIRTH (month, day, year) Aug. 26-1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Miles Sherrill

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME Annie Thanbarger

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Miles Sherrill
(Address) 1253-E-Fayette

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem Date May 29th 1935

19. UNDERTAKER Wm. Rhoads & Elliott-Haughton
(Address) 1129 Eastern Ave.

20. FILED MAY 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1-35 to 5-26-35

I last saw her alive on 5-26-1935. Death is said to have occurred on the date stated above, at 9:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pneumonia	5/18
Bronchitis and	4/1
Empyocandites	4/15

Other contributory causes of importance: Enlarged Heart & Arterio Sclerosis Conditions

Name of operation ... Date of ...

What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) James R. Blake M. D.

(Address) 924 Fayette St

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13052

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 842 S. Eutaw St. 22-2 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 62 yrs. + mos. + ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Travers

(a) Residence: No. 842 S. Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — unknown

6. DATE OF BIRTH (month, day, year) — 1873

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	62	+	+	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private work

10. Date deceased last worked at this occupation (month and year) 1934 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME — unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME — unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Blanche Bryant

(Address) 1425 Philadelphia Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date May 31 1935

19. UNDERTAKER James A. Davis

(Address) 1422 North Ave

20. FILED ... 19... Registrar.

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/10 1935 to 5/26 1935

I last saw h e alive on 5/26 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia	
Endocarditis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) David Grumbein M. D.

(Address) 1122 W Lee

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13053

HEALTH DEPARTMENT—CITY OF BALTIMORE

13053

CERTIFICATE OF DEATH

958

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 S. Collington Ave. St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARY EMMA MILLER

(a) Residence: No. 222 S. Collington Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S. Miller

6. DATE OF BIRTH (month, day, year) Jan. 21. 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Martin Dietrich

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eliza Pfeiffer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. James W. Miller (Son)

(Address) 222 S. Collington Ave.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery Date May 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Henry J. Sander

(Address) Baltimore & Broadway.

20. FILED ..... Registrar

MAY 20 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 — 35 — 19 . to May 26 — 35 — 19 .

I last saw her alive on " 25 1935. Death is said to have occurred on the date stated above, at 12.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	2 days
Other contributory causes of importance:	
Cardio-Renal Disease	6 mos

Name of operation None — Date of

What test confirmed Clinical Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas. A. Kerr M. D.

(Address) 408 Eutaw Park Ave

Information called for on both sides of this certificate is necessary to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13054

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13054

CERTIFICATE OF DEATH

✓ 46-E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1503 E. 33rd St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET SCHULTZ KRASMER

(a) Residence: No. 3209 Shannon Drive St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Martin Krasmer

6. DATE OF BIRTH (month, day, year) August 31, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	8	27, 6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William Ernest Schultz

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Helen Jerscheid

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mr. Wm. E. Schultz (Father)

(Address) 1503 E. 33rd St.

18. BURIAL, CREMATION, OR REMOVAL

Oak Lawn Cemetery Date May 30, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Geo. F. Sander

(Address) Baltimore & Broadway.

20. Filed MAY 29 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1-35, 19..., to May 27-35, 19... I last saw h[illegible] alive on May 27, 1935. Death is said to have occurred on the date stated above, at 8.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Uterus	Jan.

Other contributory causes of importance: Abdominal Hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. J. Herman, M. D.

(Address) 241-E Eager St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13055 — 186-aF 13055

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bolte City Hospitals St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 66 yrs. ... mos. ... ds.

2. FULL NAME Peter Evans

(a) Residence: No. 2706 Taylor Ave., Parkville, Balto Co. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Evans

6. DATE OF BIRTH (month, day, year) Jan 22 1864

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	66	4	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for himself 0050

10. Date deceased last worked at this occupation (month and year) April 27 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norway

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Margaret Evans

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date 5-30-35

19. UNDERTAKER Herndon & Humphreys

(Address) 520 N. Broadway

20. FILED MAY 29 1935 19.. Registrar

MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (hypostatic)	
Other contributory causes of importance: fracture of humerus + of femur from a fall	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury April 16 1935

Where did injury occur? 106 S. Haven St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. While painting a home - a scaffold & ladder owned & self erected & fell

Manner of injury ...

Nature of injury fracture of humerus + femur accident

24. Was disease or injury in any way related to occupation of deceased? • yes If so, specify fell from painters scaffold

(Signed) W. H. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

vss

Spec.—8-16-29—L. F. S.—100 Blks.

F 13056

F 13056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1—PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1715 N. Caroline St., 8 WARD)

2—FULL NAME Charles A. Sandlass.

(a) RESIDENCE NO. 1715 N. Caroline St St., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Sandlass

6 DATE OF BIRTH (month, day, and year) Mar. 18-1864

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	2	8	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant (retired)

(b) General nature of industry, business, or establishment in which employed (or employer) 0045

(c) Name of employer self

9 BIRTHPLACE (city or town) Balt Pa.
(State or country)

PARENTS

10 NAME OF FATHER William Sandlass

11 BIRTHPLACE OF FATHER (city or town) Germany
(State or country)

12 MAIDEN NAME OF MOTHER Elizabeth Hehrman

13 BIRTHPLACE OF MOTHER (city or town) Germany
(State or country)

14 Informant Mr. Herbert Sandlass

(Address) 1715 N. Caroline St.,

15 Filed 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 5-26-35.

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1935, to May 26, 1935, that I last saw him alive on May 26, 1935 and that death occurred, on the date stated above, at 10:30 a m.

The CAUSE OF DEATH* was as follows:

Myocarditis, Dyspnea

Renal Anasarca & Left Hemaphlegia

(duration) yrs. 1 mos. da

CONTRIBUTORY (Secondary) Arthritis & Myocarditis

(duration) 2 yrs. mos. ds.

18 Where was disease contracted if not at place of death? at Home

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical & X Ray

(Signed) L. C. Carman, M. D.

5-27-1935 (Address) 1701 N. Caroline st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery.

DATE OF BURIAL 5-29-35.

20 UNDERTAKER Fendall E. Humphreys.

ADDRESS 1801 N. Broadway.

MAY 29 1935

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

13057 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13057

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3207 Barkley St., 17 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerry Morton

(a) Residence: No. 3207 Barkley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

3a. If married, widowed or divorced HUSBAND of (or) WIFE of Louisa Morton

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Stafford Co. Va.

FATHER

13. NAME David Morton

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Liza Henderson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Louisa Morton

(Address) 3207 Barkley

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Rest Cem. Date 5-30-, 1935

19. UNDERTAKER Byron Maynard Knight

(Address) 218 McElderry St

20. FILED MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to May 26, 1935

I last saw h— alive on May 26, 1935. Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	

Other contributory causes of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. A. Johnson M. D.

(Address) 2329 Eutaw Pl.

information should be carefully supplied. Age should be stated EXACTLY. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. OCCUPATION is very important.

M. D. P. 1268-9

13058

HEALTH DEPARTMENT—CITY OF BALTIMORE

13058

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 20½ S. Wallas St., 3 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Jaskins Johnson

(a) Residence: No. 20½ S. Wallas St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thate Johnson

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Carr

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Thate Johnson
(Address) 20½ So. Wallas St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date 5-29-, 1935

19. UNDERTAKER Byron & Manuel W. Wright
(Address) 1218 Eldersly St.

20. FILED ..... 19..... Registrar.

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30, 1935 to 5-26, 1935

I last saw her alive on 5-26, 1935. Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	May 2 1935
Other contributory causes of importance: Albuminuria	April 30

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo S Allen, M. D.

(Address) 507 Dusquesne at

Information should be carefully supplied. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13059

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 9954 40 F 13059

CERTIFICATE OF DEATH

+157-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Alfonzo Carpenter

(a) Residence: No. 111 South St., ... Ward. Annapolis Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 3-17-34

7. AGE Years	Months 2	Days	If LESS than 1 day, ...hrs. or ....min.
/	14	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Albert Carpenter

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nancy Darsey

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Brans Hill Cem Date 5/30/ 1935

19. UNDERTAKER Bernard R. Hershey

(Address) 515 Eutaw Place Baltimore, Md.

..... 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 27, 1935

I last saw him alive on May 27, 1935 Death is said to have occurred on the date stated above, at 7.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	birth

Other contributory causes of importance:

None

Name of operation Ventriculostomy Date of 5/25

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Cadbridge E Morris, M. D.

(Address) Johns Hopkins Hospital

MAY 29 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

13060 HEALTH DEPARTMENT—CITY OF BALTIMORE 13060

CERTIFICATE OF DEATH

53-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals, 76 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry F. Kress

(a) Residence: No. 3314 Mueller St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha E. Kress

6. DATE OF BIRTH (month, day, year) March 25 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shipping Dept. Elkins Fort Pitt Roofg Co.

10. Date deceased last worked at this occupation (month and year) May 26 35

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME George Kress

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) .. ..

17. INFORMANT Mrs. Martha Kress
(Address) 3314 Mueller St

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Cem Date May 31st 1935

19. UNDERTAKER C. Muller & Son
(Address) 2334 Jefferson St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	Jan 1932

Other contributory causes of importance:

Name of operation removal of cancer Date of March 1932

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) S. W. Wright M. D. Coroner

(Address) 1010 S. Ellwood Ave.

Use OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13061

CERTIFICATE OF DEATH

106-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5507 Belair Road St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 9 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME AUGUST MEYER

(a) Residence: No. 5507 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Meyer

6. DATE OF BIRTH (month, day, year) August 25, 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc 0045

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Herman Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Lena Grotei

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Dorothy Meyer
(Address) 5507 Belair Road

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date May, 30, 1935

19. UNDERTAKER John Allen
(Address) 1200 Gilmore St

20. FILED May 29 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/15/35, 19 35 to 5/28/35, 19 35

I last saw him alive on 5/28/35, 19 35 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHIECTASIS - LUNG ABSCESS	2/15/35

Other contributory causes of importance:

RESPIRATORY & CARDIAC EXHAUSTION

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Franklin S. Fleisher, M. D.

(Address) 3916 Orkney Road

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13062

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2602 Ken Oak Road) (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John F. Warner

(a) Residence: No. 2602 Ken Oak Road Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary V. Warner

6. DATE OF BIRTH (month, day, year) Oct. 27 - 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	7	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Prof. Hotel Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME William Warner

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Elizabeth Lament

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary V. Warner

(Address) 2602 Ken Oak Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date May 31 1935

19. UNDERTAKER Josiah Leber

(Address) 1600 W. North Ave

20. FILED MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/28 1933 to May 28 1935

I last saw him alive on May 28 1935 Death is said to have occurred on the date stated above, at 2 12 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	1933
Myocarditis & Mitral Regurgitation	1933 ?
Arteriosclerosis & Hypertension	1933.

Other contributory causes of importance:

Chronic Nephritis	1933
Secondary Anemia	1934.

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Fred L. Dr. Barbieri M. D.

(Address) 4755 Park Heights Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact OCCUPATION is very important. See instructions on back of certificate.

F 13063 ✓ F 13063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2726 Penna. Av St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maryland Virginia Ryan

If U. S. Veteran specify WAR

(a) Residence: No. 2726 Penna. Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Patrick Ryan

6. DATE OF BIRTH (month, day, year) June 9 - 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Notary Public

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Maryland

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER

15. MAIDEN NAME Margaret Davis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Joseph T. Ryan

(Address) 2726 Penna Ave

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Pk Date June 1 1935

19. UNDERTAKER Josiah Byfer

(Address) 1615 W. North Ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1934 to May 29 1935

I last saw h alive on May 29 1935 Death is said to have occurred on the date stated above, at 7 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac failure	1 wk.
Arteriosclerosis C.V.D.	years

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Gustav Hightstein M. D.

(Address) 2726 Penna. Av.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

MAY 29 1935 Registrar, N.Y.

M. D. B. [illegible] F 13064

✓ F 13064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert E. Hall

(a) Residence: No. 687 Peirce St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0871

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ..... (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) ..... (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) ..... (State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date 19

19. UNDERTAKER .....
(Address)

20. FILED MAY 28 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 24, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	May 24
Probably Syphilitic Origin	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Rosenau M. D.

(Address) 2727 W. Mount Royal Ave. Coroner

✓ OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A F 13065

F 13065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 303 N. Poppleton St. St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Augusta (as) White

(a) Residence: No. 303 N. Poppleton St. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	55			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dost

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 29, 1935

19. UNDERTAKER
(Address)

20. FILED MAY 29 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Carcinoma of Stomach	About 1Yr

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) E. R. Corbin, M. D.

(Address) 757 W. North Ave

OVER

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 9 F 13066 ✓ F 13066

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH × 34-B-108

1. PLACE OF DEATH University Hosp Balto. 4 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Smith

(a) Residence: No. La Plata Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~) Lydia Smith

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	?	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sales Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mfg Tag Machine

10. Date deceased last worked at this occupation (month and year) April 1935

11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Ill.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Patient, before death
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date May 29 1935

19. UNDERTAKER
(Address)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 19 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 19 1935

I last saw him alive on May 19 1935 Death is said to have occurred on the date stated above, at 8 45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute bacterial endocarditis	?
Syphilis, with aneurysm of aorta.	?

Other contributory causes of importance:

Resolving pneumonia, upper right lung	?

Name of operation Date of

What test confirmed diagnosis? x-Ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrason L. Brown MD M. D.

(Address) University Hospital.

MAY 29 1935 Washington Health Officer

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13067

13067

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Charles Ruffner

(a) Residence: No. 1215 Patapsco St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 4, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Theatre

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Joseph Ruffner

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Mary Gerstner

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ruffner (Address) 1215 Patapsco St.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Cem. 5/31, 1935

19. UNDERTAKER J. Fred Hendrickson (Address) 1211 Light St.

MAY 29 1935

(Registrar of Vital Statistics)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1935, to May 28, 1935

I last saw her alive on May 28, 1935 Death is said to have occurred on the date stated above, at 9:45 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Emphysema

Other contributory causes of importance:

Chronic Alcoholism

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13068

E 13068

CERTIFICATE OF DEATH

V 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4th Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Carolan

(a) Residence: No. 715 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of —

6. DATE OF BIRTH (month, day, year) 1/11/1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardener

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

FATHER

13. NAME Owen Carolan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Brady.

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date 5/29 . 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Eastern & Baltimore

20. FILED MAY 29 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/16 . 1935 to 5/20 . 1935

I last saw him alive on 5/20 . 1935 Death is said to have occurred on the date stated above, at 7 45/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach?	6 ms.
Pleural effusion etiology unknown	6 ms.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Pete M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13069 F 13069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X✓ 144 E3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mae Murray

(a) Residence: No. 4 Clarkmire Md. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colord	M

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — alfred murray married

6. DATE OF BIRTH (month, day, year) May 12 1909

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	26		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037 Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) A A Co Md

FATHER

13. NAME Jessie Hogan

14. BIRTHPLACE (city or town) (State or country) Co

MOTHER

15. MAIDEN NAME Eliz Fisher

16. BIRTHPLACE (city or town) (State or country) A A Co MD

17. INFORMANT alfred murray

(Address) Sally A A Co M D

18. BURIAL, CREMATION, OR REMOVAL

Place Mary Neal Md Date May 30 1935

19. UNDERTAKER Isaiah D Bloomston

(Address) 1056 Montgomery St

20. FILED MAY 29 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-18 1935 to 5-27 1935

I last saw him alive on 5-27 1935. Death is said to have occurred on the date stated above, at 1 27 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Abruptio Placenta	5/18/35
(2) Concealed Hemorrhage	
Other contributory causes of importance: Shock.	

Name of operation Podalic Version Date of ...

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Calvin DeCamp M. D.

(Address) Provident Hosp.

V 53

OCCUPATION is very important. See instructions on back of certificate.

F 13070 F 13070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ? St., 22 Ward)

Length of residence in city or town where death occurred yrs. , mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sadie Smith

(a) Residence: No. 408 Eastern St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert Smith

6. DATE OF BIRTH (month, day, year) Nov 17 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Lewis Curtis

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Mary Boswell

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date June 1, 1935

19. UNDERTAKER Mrs. Katie R. Williams
(Address) 324 E. Fayette St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to May 28, 1935

I last saw her alive on May 28, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis Uremia with Cholelithiasis	?

Other contributory causes of importance: Bronchopneumonia May 26, 35

Name of operation Cystostomy Date of May 23, 35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel H. Good, M. D.

(Address) Belt & Ostend Sts.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 20 1935

M. D. B 1268-9

13071 E 13071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 210 M

1. PLACE OF DEATH Provident Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Ziegler

(a) Residence: No. 503 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 10/10/1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
28	7	19 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Orangeburg S. C.
(State or country)

FATHER

13. NAME Morgan Ziegler

14. BIRTHPLACE (City or town) Orangeburg S C
(State or country)

MOTHER

15. MAIDEN NAME Sarah Atkinson

16. BIRTHPLACE (City or town) Orangeburg S C
(State or country)

17. INFORMANT Queen Ziegler
(Address) 500 N. Pulaski St. Richmond Va

18. BURIAL, CREMATION, OR REMOVAL
Place Orangeburg S. C. Date May 29, 35

19. UNDERTAKER Jno Katie R. Williams
(Address) 3[illegible]

20. FILED May 29 1935 [illegible] Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h[illegible] on 5/27 1935. Death is said to have occurred on the date stated above, at 5:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia L. B.	
Other contributory causes of importance:	
Lac upper lip	
Convulsions (Mild)	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 4-26 1935
Where did injury occur? Washington Blvd. & Lombard
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public Highway
Manner of injury Struck rear of [illegible] Auto
Nature of injury D. C. Laceration

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

Harold Bailey (Cody Coroner) M. D.
Coroner
(Address) 1142 Park Heights Ave

M. D. Record 13072 29952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13072 122a

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Orlando (Giovanni d'Orlando)

(a) Residence: No. 1004 E Pratt St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Angela (a)

6. DATE OF BIRTH (month, day, year) 5-19-88

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Chef

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — 0021

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Patsy d'Orlando

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Paloma

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Park Date May 30 1935

19. UNDERTAKER Heuisler & Murphy
(Address) 422 Druid Hill Ave

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935 to May 28, 1935
I last saw him alive on May 28, 1935 Death is said to have occurred on the date stated above, at 12:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Hemorrhage following Repair for Strangulated Epigastral Hernia.	1 day

Other contributory causes of importance: ✓

Name of operation (see cause) Date of 5-26-35

What test confirmed diagnosis? Operation Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) J. H. Hospital M. D.
(Address) Baltimore, Md

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1205-9

E 13073

13073 30

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

298

X 72-a

1. PLACE OF DEATH Johns Hopkins Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 13 dds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wm Rodgers.

(a) Residence: No. Dials Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown. 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oyster fisherman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Colombo Rodgers

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Whittingham

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dealer Md Date June 1 35

19. UNDERTAKER B I Hopkins
(Address) Annapolis Md.

(Filed) ... (Registrar)

MAY 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from April 16 1916 to May 29 1935

I last saw him alive on May 29 1935 Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myeloid leukemia	6 yrs ago

Other contributory causes of importance:

None

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry O. Stubbins M. D.

(Address) The Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13074

13074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Augustus H. Faggett

(a) Residence: No. 2032 Maryland Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 13, 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad Trainman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R R

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Harry E Faggett.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Patrick (Cunningham)

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Mrs Agnes Blaney.

(Address) 3621 Elkader St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Hill Date May 31, 1935

19. UNDERTAKER Walter Davis

(Address) 3416 Chestnut Ave

(Filed) MAY 29 1935 Harrington Patterson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/8, 1935 to 5/29, 1935

I last saw him alive on 5/29, 1935 Death is said to have occurred on the date stated above, at 6 1/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Disease	7, 15 Yrs
Bronchopneumonia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos Smith M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in the plain terms. OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13075 13075

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3008 O'Donnell St., 1 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Teofil Czajkowski

(a) Residence: No. 3008 O'Donnell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wanda Czajkowski

6. DATE OF BIRTH (month, day, year) no history available

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	1	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker 0003

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. bread meat pie

10. Date deceased last worked at this occupation (month and year) May 28 35

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) unknown Russian Poland

FATHER

13. NAME Antony Czajkowski

14. BIRTHPLACE (city or town) (State or country) unknown Poland

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown "

17. INFORMANT Wanda Czajkowski

(Address) 3008 O'Donnell

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date 5/31/35, 19

19. UNDERTAKER John J. Duda & Sons

(Address) 2518 Hudson St

20. FILED MAY 30 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19 ... to ..., 19 ...

I last saw h... alive on ..., 19 ... Death is said to have occurred on the date stated at Prior to 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
probably acute cardiac dilatation	May 28
Other contributory causes of importance: probably chronic myocarditis	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) H. V. Wright, M. D.

(Address) 1010 S. Ellwood Ave Coroner

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9

F 13076

29937

F 13076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. 600 No. Broadway St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred \ yrs. \ mos. 13 ds. How long in U. S. if of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Lana England

(a) Residence: No. Forest Hill Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of /

6. DATE OF BIRTH (month, day, year) 2/14/8-9

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3 mo. ago.

11. Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Henry England

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Jane Bull

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Hill Date May 31, 1935

19. UNDERTAKER Degen & Sons
(Address) Baltimore Md

MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1935, to May 29, 1935

I last saw her alive on May 29, 1935. Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Hemorrhage~~ peritonitis, pelvic. Carcinoma of uterus & metastases to rectum, ovary, and liver.	5-27

Other contributory causes of importance:

Carcinoma of Uterus & perforation into rectum

Name of operation Hysterectomy Date of 5-27-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? \ Date of injury \, 19

Where did injury occur? \
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Brawner M. D.

(Address) Johns Hopkins Hospital.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. Form 1065 F 13077 F 13077

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. X 121

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hosp. St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Helen Power

(a) Residence: No. Sykesville Md. St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Sngl

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 21, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sykesville Md.

FATHER
13. NAME GEORGE JONES
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER
15. MAIDEN NAME Laura Pratt
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo Jones
(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL
Eastland Md. Date June 2 1935

19. UNDERTAKER Ross & Love Inc
(Address) Sykesville Md.

MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-26-35. 19 . to 5-29-35. 19

I last saw h alive on 5-29-35. 19 . Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

ACUTE APPENDICITIS
Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

Name of operation APPENDECTOMY Date of 5-26-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E E Proctor M D M. D.
(Address) Md Gen Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F-13078

F 13078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 119

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1913 Mc.Henry St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 4 mos. 2 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert E. Hubbard

(a) Residence: No. 1913 McHenry St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Baby

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Baby

6. DATE OF BIRTH (month, day, year) Jan. 26th 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md,

FATHER

13. NAME Earl R.Hubbard

14. BIRTHPLACE (city or town) (State or country) Baltimore,

MOTHER

15. MAIDEN NAME Minnie Cole

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Earl R. Hubbard
(Address) 1913 Mc Henry St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date May 30th 1935

19. UNDERTAKER George L. Schnatt
(Address) 1401 Eastern Ave

MAY 30 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.15 A.M

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro Enteritis,	May 24

Other contributory causes of importance:

None

Name of operation ... Date of ...

What test confirmed diagnosis? Color of stool & Etc. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Thos. H. Phillips Coroner, M. D.

(Address) 1939 Edmondson Ave.

M. D. 34 12M-9-33

F 13079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13079

CERTIFICATE OF DEATH

34-E-91

Registered No. 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Hubbard

(a) Residence: No. 100 East St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) 3/12/83.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 0 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton, Pa.

FATHER

13. NAME Chas. Saunders.

14. BIRTHPLACE (city or town) (State or country) Indianapolis Ind.

MOTHER

15. MAIDEN NAME Charlotte Hall

16. BIRTHPLACE (city or town) (State or country) Harford Co, Md.

17. INFORMANT Records BCH.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 5/30 1935

19. UNDERTAKER J. J. Fahey Son
(Address) 218 Light St

20. FILED MAY 30 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/7 1933 to 5/25 1935.

I last saw her alive on 5/25 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal syphilis	5
Arteriosclerosis	5

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

SEE CAUSES OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate. 3

F 13080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13080

CERTIFICATE OF DEATH

✓ 93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Sullivan.

(a) Residence: No. 109 N. Kinsmith St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/27/?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73.	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Thomas

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Dibble

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Dacant Yard Date 5/30 '35

19. UNDERTAKER [illegible] Raby Bro
(Address) 1318 Light St

20. FILED MAY 30 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/35

22. I HEREBY CERTIFY, That I attended deceased from 11/27/34 to 5/26/35

I last saw him alive on 5/26/35 Death is said to have occurred on the date stated above, at 8:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 yrs.
Hypertension	5

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reis M. D.

(Address) Balto City Hosp.

M. D. P. 1929-9 F 13081 ✓ F 13081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 23 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter Kirchner.

(a) Residence: No. 162 N Cross. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/13/93.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42.	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Agnes Kebner.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Dacent Yard Date 5/30/35

19. UNDERTAKER J. Fraley Linn
(Address) 1318 Light St.

MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26. 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/4. 1935 to 5/26. 1935
I last saw him alive on 5/26. 1935 Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency Syphilitic (?)	Nov. '34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 13082 ✓ F 13082

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond I. Bailey

(a) Residence: No. 153 East st. St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co. 0047

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

FATHER

13. NAME John Bailey

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Alice Boyd

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Hill Date 5/30 35

19. UNDERTAKER J. J. Feeley & Son
(Address) 1125 Light St

20. FILED MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 26, 1935, to May 25, 1935
I last saw him alive on May 25, 1935 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

V-93

F 13083 ✓ F 13083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mon. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mon. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Jordan.

(a) Residence: No. 1361 N. Stockton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced—(write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of -

6. DATE OF BIRTH (month, day, year) 3/4/?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80.	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Valentine

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Bur.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Vacant Head Date 5/30 '35

19. UNDERTAKER J. Fraley Dorsey
(Address) 1318 Light St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1935, to 5/26, 1935

I last saw her alive on 5/26, 1935 Death is said to have occurred on the date stated above, at 6 00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1/32
Hypertension	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No- If so, specify ...

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

AUG 30 1935

F 13084 ✓ F 13084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

Registered No.

I. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 Lloyd St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bessie Bogatch

(a) Residence: No. 32 Lloyd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph

6. DATE OF BIRTH (month, day, year): 1877

7. AGE: Years 58 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Solomon Schmuskan

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Ella Clark

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Joseph Bogatch
(Address) 32 Lloyd St

18. BURIAL, CREMATION, OR REMOVAL
Place: Rosedale Date: 5/30/35

19. UNDERTAKER: Geo. Lang Sons
(Address) 1439 E. Baltimore St

20. FILED: MAY 30 1935 Huntington Parkway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from July-12, 1934 to May-29, 1935

I last saw her alive on May-29, 1935 Death is said to have occurred on the date stated above, at 3 30 p. m.

The principal cause of death and related causes of importance were as follows:

Sarcoma of Kidney with Metastases — Date of onset

Other contributory causes of importance:

none

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (Violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19

Where did Injury occur? —
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Herman Seidel M. D.

(Address) 2404 Eutaw Pl

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208 F 13085 F 13085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 122-B

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roswell Gordon

(a) Residence: No. Rosewood Sanitarium St., Ward. Owings Mills Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 27 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co

MOTHER FATHER

13. NAME Geo. H. Gordon

14. BIRTHPLACE (city or town) (State or country) Balto City

15. MAIDEN NAME Laura V Cambitt

16. BIRTHPLACE (city or town) (State or country) Howard Co

17. INFORMANT Rosewood State Training School

(Address) Owings Mills Md

18. BURIAL, CREMATION, OR REMOVAL

Place Rosewood Cem Date May 30, 1931

19. UNDERTAKER J. F. Elinostone

(Address) Reisterstown Md

20. FILED JUN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-25-35 to 5-29-35, 19..

I last saw h.. alive on 5-29-35, 19.. Death is said to have occurred on the date stated above, at 1 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Obstruction	5-25-35
Other contributory causes of importance: Pneumonia Peritonitis	
Immediate cause	5-29-35

Name of operation Resection of Sigmoid Date of operation 5-27-35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard, M. D.

(Address) University Hospital

V S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-94 F 13086 Dr Carman F 13086

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2135 E Alver St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 11 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J Daley

(a) Residence: No. 2135 E Alver St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E Daley

6. DATE OF BIRTH (month, day, year) June 22 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meter Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month) May (day) 1931 (year)

11. Total time (years) spent in this occupation 41

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John Daley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Flaherty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary E Daley

(Address) 2135 E Alver St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters May 31 1935

19. UNDERTAKER Franklin H Seitz

(Address) 409 2433 St

20. FILED MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from March 12 1935 to May 28 1935

I last saw him alive on May 28 1935. Death is said to have occurred on the date stated above, at 11:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Senile Dementia.	Several years

Other contributory causes of importance:

Infirmities

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. O. Carman, M. D.

(Address) 1701 N. Caroline St

STATE CAUSE OF DEATH in plain terms. OCCUPATION is very important. See instructions on back of certificate.

B S 3

M. D. F. 8-9 F 13087 ✓ F 13087

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Agnes Hughes

(a) Residence: No. 120 Valley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Feb 14 1853

7. AGE: Years 82 | Months 3 | Days 13 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Servant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Hughes

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: Winifred Coyne

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Sister Stanislaus Supr.
(Address) Little Sisters of the Poor

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date May 31 19 35

19. UNDERTAKER: Rita Wiedefeld
(Address) 914 Fremont Ave

Filed MAY 29 1935 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 27 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931 to May 27 1935

I last saw her alive on May 24 1935. Death is said to have occurred on the date stated above, at 6 A.M. P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	?

Other contributory causes of Importance:

Asthma

Name of operation: Date of

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. McCarthy M.D. M. D.

(Address) 1114 Harlem Ave

M. D. No. 12677 F 13088

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13088

CERTIFICATE OF DEATH

49-A

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4637 Park Hgts. Ave St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Lessell

(a) Residence: No. 4637 Park Hgts. Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
~~WIFE of~~ Anna Schowder

6. DATE OF BIRTH (month, day, year) June 14, 1867

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6063

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Lessell

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Anna Lessell
(Address) 4637 Park Hgts Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 1 1935

19. UNDERTAKER Perkins Funeral Home
(Address) 1627 N. Howard St.

20. FILED MAY 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to May 29, 1935

I last saw h(im) alive on May 29, 1935 Death is said to have occurred on the date stated above, at 3:55 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	June, 1934
Other contributory causes of importance: Terminal bronchopneumonia	5/27/35

Name of operation Tracheotomy Date of 1/10/35

What test confirmed diagnosis? Cutpsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howard Peter Carbery, M. D.
(Address) Medical Arts Bldg

OCCUPATION is very important. See instructions on back of certificate.

Form 3

M. D. B. F 13089

F 13089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 76 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (McClary) Minnie E. McClary

(a) Residence: No. 4220 Woodlea Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 28th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Culpeper Co. Virginia

FATHER

13. NAME Charles L. McClary

14. BIRTHPLACE (city or town) (State or country) Orange Co. Virginia

MOTHER

15. MAIDEN NAME Lucy Bledsoe

16. BIRTHPLACE (city or town) (State or country) Orange Co. Virginia

17. INFORMANT Mrs Ruth C. Chesney

(Address) 4220 Woodlea Ave.

18. BURIAL, CREMATION, OR REMOVAL Parkwood Cemetery June 1 35

19. UNDERTAKER Frederick Chas Sloan & Son

(Address) 1701 Belair Road

FILED MAY 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-22-35, 19 to 5-29-35, 19

I last saw her alive on 5-29, 19 35 Death is said to have occurred on the date stated above, at 7.00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure, chronic	1934
Other contributory causes of importance:	
Thyrotoxicosis	1930
Toxic hepatitis.	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Hunter W. Tompkins M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1205-0

F 13090

F 13090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

115-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union memorial Hosp. St., 25 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Thomas Burke

(a) Residence: No. 2922 Remington Ave, City. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Nov 29, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	5	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph L. Burke.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie L. Young

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph L. Burke.
(Address) 2922 Remington Ave

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Park Date May 31, 1935

19. UNDERTAKER Chesmore & Son
(Address) 3615 N Charles St

MAY 30 1935 Remington P.O. Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935, to May 28, 1935

I last saw him alive on May 28, 1935. Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	5-4-35
uremia	5-12-35

Other contributory causes of importance:

Name of operation 0 Date of

What test confirmed diagnosis? Urine Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Charles H. Conley, M. D.

(Address) Union Memorial Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 5268-A F 13091 ✓ F 13091

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 9 4 3 5

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1513 W 36th St St., 9 Ward) 4-13-35

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose A. Dell

(a) Residence: No. 1513 W 36th St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of L. Thomas S Dell

6. DATE OF BIRTH (month, day, year) Nov 13, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Samuel L Ruby.

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Amanda M Snyder

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Allen L Dell
(Address) Owings Mills, md.

18. BURIAL, CREMATION, OR REMOVAL
Druid Ridge Date May 31, 1935

19. UNDERTAKER Edmondson
(Address) 36 & Chelsea Ave.

20. FILED MAY 31 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17th, 1935 to May 28th, 1935

I last saw h[illegible] alive on May 28, 1935. Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11 days

Other contributory causes of importance:
Arteriosclerosis and Hypertension.

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Jno. Dreckmeyer M. D.
(Address) 846 W 36 St Balto.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 13092 ✓ F 13092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U.S. Veteran, give WAR

2. FULL NAME Harold Gray or Joseph L. Maloney

(a) Residence: No. 29 W. Preston St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) 7/11/1899.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35.	10	19.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ? 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Winstead Conn May 30 1935

19. UNDERTAKER John C. Miller
(Address) 2435 E. Oliver St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21, 1935 to 5/30, 1935

I last saw him alive on 5/30, 1935 Death is said to have occurred on the date stated above, at 7:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	9 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. B. 1765-3

F 13093

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13093

141-70a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore St., Ward)

Length of residence in city or town where death occurred ... yrs. mos 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Etta Bashoar

(a) Residence: No. Boyer St. Littlestown Md Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Theron Bashoar

6. DATE OF BIRTH (month, day, year) Jan. 11 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home 0039

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Charles Browning

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mollie Shipley

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Theron Bashoar

(Address) Littlestown PA.

18. BURIAL, CREMATION, OR REMOVAL

Place Littlestown PA Date June 2 1935

19. UNDERTAKER John M. Little

(Address) Littlestown PA.

20. FILED 6-30-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1935 to May 30 1935

I last saw her alive on May 30 1935 Death is said to have occurred on the date stated above, at 10:25 P.M.

The principal cause of death and related causes of importance were as follows:

Thrombocytopenic Purpura — Date of onset ...

Other contributory causes of importance:

Pregnancy

Name of operation ... Date of ...

What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J. W. Sasher M. D.

(Address) South Baltimore

13094 STATE OF MARYLAND—CERTIFICATE OF DEATH 13094

1. PLACE OF DEATH

County Baltimore — Registration Dist. No. 95-B

Village or City Baltimore — No. 2323½ Aunah St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda A Smith

(a) Residence: No. 2323 Aunah St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Unknown

7. AGE: Years: About 74; Months; Days; If LESS than 1 day, hrs or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Frederick

(State or country): Frederick County

FATHER

13. NAME: Washington Smith

14. BIRTHPLACE (city or town)

(State or country): Maryland

MOTHER

15. MAIDEN NAME: Julia Ogle

16. BIRTHPLACE (city or town)

(State or country): Maryland

17. INFORMANT: Miss Ruth Mavis Harding

(Address) 2323 Aunah ave Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place Frederick Date June 4, 1935

19. UNDERTAKER: W. E. Falconer

(Address) New Market Md.

[illegible] Huntington Pallbearers [illegible]

30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: May (Month) 30 (Day), 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1935, to May 30, 1935, that I last saw her alive on May 30, 1935, that death is said to have occurred on the date stated above, at 8 p m

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypostasis	3 yrs
Cardio Vascular disease	3 yrs.
Other Contributory Causes of importance: Carcinoma of Uterus	1 Yr
Cerebral Hemorrhage	14 hrs

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following.

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) E. Norris M. D.

(Address) 806 Eutaw Place

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1205-9

F 13095

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13095

146-99

CERTIFICATE OF DEATH

1. PLACE OF DEATH Bon Secours Hospital

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs Evelyn Chalker

(a) Residence: No. 1927 Grindall Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mr Loyal Chalker

6. DATE OF BIRTH (month, day, year) 12-24-10

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Dr C. L. Nuckols

14. BIRTHPLACE (city or town) (State or country) Ashland Va

MOTHER

15. MAIDEN NAME Annie P. Walters

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Royal H. Chalker

(Address) 1927 Grindall Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 1st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19a. FILED MAY 31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 5-29-35 . 19 . to 5-30-35 . 19

I last saw her alive on 5-30-35 . 19 . Death is said to have occurred on the date stated above, at 7.07 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Embolism - Right Femoral Embolism to liver - kidneys & lungs.	

Other contributory causes of importance:

Followed delivery

Name of operation Mid Forceps Date of 5-27-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Otis C. Hamilton M. D.

(Address) Bon Secours Hospital

M. D. R. 1206-M

F 13096

HEALTH DEPARTMENT—CITY OF BALTIMORE

13096

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital Ward 7)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas A. Gummer

(a) Residence: No. Sparrows Point St., Ward. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

5a. If married, ~~widow or widower~~ HUSBAND of ~~(wife)~~ Annie Gummer

6. DATE OF BIRTH (month, day, year) Aug 20th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1st Mate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Boat
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Andrew T. Gummer
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Rosemuller
16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary A. Roycroft
(Address) 28 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 1st 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

~~Assistant~~ Registrar.

FILED JUN 31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner
(Address) 1919 E. North Ave.

F 13097 F 13097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4030 Bellwood Av 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harvey A. Overman

If U. S. Veteran specify WAR

(a) Residence: No. 4030 Bellwood Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Matilda L. Overman

6. DATE OF BIRTH (month, day, year) Nov 17th 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	6	3 11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread, Cake

10. Date deceased last worked at this occupation X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Rocky Ridge Pa.

FATHER

13. NAME William Overman

14. BIRTHPLACE (city or town) (State or country) Rocky Ridge Pa

MOTHER

15. MAIDEN NAME Ellen V.

16. BIRTHPLACE (city or town) (State or country) Rocky Ridge Pa

17. INFORMANT Paul F. Overman

(Address) Norfolk Va.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date May 31st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to May 22 1935

I last saw him alive on May 22, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	
Ch Myocarditis	

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) A. A. Hornstein, M. D.

(Address) 733 Lanvale St

F 13098 F 13098

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 E. North Ave 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James E. Curran

If U. S. Veteran specify WAR

(a) Residence: No. 1805 E. North Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~married~~, widowed, or ~~divorced~~ HUSBAND of (or ~~WIFE of~~) Sophia Curran

6. DATE OF BIRTH (month, day, year) April 24th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	1	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 1908

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER

13. NAME Thomas Curran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Corrigan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Martha E. Borchers

(Address) 1805 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 1st 1930

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29th 1930

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1930 to May 29th 1930

I last saw h[illegible] alive on May 26th 1930. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Hypostatic Pneumonia	2d
Aphasia Sclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. Mc Carter M. D.

(Address) 114 Hamilton Ter

F 13099

F 13099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ada Jones.

(a) Residence: No. 1728 Prestman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John [illegible]

6. DATE OF BIRTH (month, day, year) May 13, [illegible]

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	40.		15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 37

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME H m Brent

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Eliz Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 5/31, 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Prestman St.

FILED MAY 31 1935 [illegible] for [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1935 to 5/28, 1935

I last saw her alive on 5/28, 1935 Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5/29/35

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reider, M. D.

(Address) Balto City Hosp.

M. D. B. 1234-9 F 13100

F 13100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 Clendenin st. St., 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Lee Miller

(a) Residence: No. 1101 Clendenin st. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Negro	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William Miller.

6. DATE OF BIRTH (month, day, year) May 28th. 1893

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	8/11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Mosely

14. BIRTHPLACE (city or town) (State or country) Grafton, Va.

MOTHER

15. MAIDEN NAME Mary Vincent

16. BIRTHPLACE (city or town) (State or country) Wheeling, W.Va.

17. INFORMANT Alliena Miller (Daughter)
(Address) 1101 Clendenin st.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date 5/31 . 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ... 1935 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22 . 35 . to May 27th . 35

I last saw her alive on May 26th . 1935. Death is said to have occurred on the date stated above, at 12.01 a.m.

The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset May 22 nd 1935

Other contributory causes of importance:

Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify ...

(Signed) Walter J. Jackson . M. D.

(Address) 151 W. Franklin st

M. D. B. F 13101

F 13101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1612 Vincent St., 15 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Willie Hughes

(a) Residence: No. 1612 Vincent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

5a. If married, widowed, or divorced (or) WIFE of Joseph Hughes

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

FATHER

13. NAME Charles Keah

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Carr

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wilhelmina Tulley

(Address) 1612 Vincent St

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cemetery Date 5/31 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Presstman

20. FILED ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26 1935 to May 28 1935

I last saw her alive on May 27 1935 Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	May 26/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Wallace Lee M. D.

(Address) 1928 Penna Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1388-9 F 13102 F 13102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1/20

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 209 W. Lilmor St., 19th (Ward)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 27 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Brown

(a) Residence: No. 209 W. Lilmor St., 19th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Mal
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Catherine Brown

6. DATE OF BIRTH (month, day, year): Jan 1-1883

7. AGE: Years 52 | Months 1 | Days 27 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ass't Business Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Paulding. 0086
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Wm. Brown
14. BIRTHPLACE (city or town) (State or country): West Virginia

MOTHER

15. MAIDEN NAME: Eliza Crawford
16. BIRTHPLACE (city or town) (State or country): West Virginia

17. INFORMANT: Catherine Brown
(Address): 209 W. Lilmor

18. BURIAL, CREMATION, OR REMOVAL
Place: Laurel Cem. Date: May 31st 1935

19. UNDERTAKER: H. A. Jones
(Address): 111 S. Gilmor St

20. FILED ... 19 ...
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28 th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22 1935 to May 28 1935

I last saw h... alive on May 27 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastro Enteritis	
6 days	
Other contributory causes of importance:	
Lung Edema	

Name of operation: Regular Date of operation:

What test confirmed diagnosis: Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) A. B. Kirk M. D.

(Address) North Ave. Dis.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-A

F 13103

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13103

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH: Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ..... St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME: Joseph Borosky

(a) Residence: No. 1706 E Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 16 1893.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
41	41	11	?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Yard

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania

FATHER

13. NAME Mike Borosky

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Anne ?

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Mrs Mamie Furray

(Address) 2905 Brookfield Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Matthew Cem Date May 31 1935

19. UNDERTAKER for Lennon Bros

(Address) 112 S Gay St

20. FILED 31 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw h. alive on 5/30/35, 19.... Death is said to have occurred on the date stated above, at 1a m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Following Auto Injuries

Date of onset

Other contributory causes of importance:

Fractured ribs

Lac left eye

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5/12, 1935

Where did injury occur? Boston & Lombard Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by Auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Harold Kurtz (Coffee Coroner) M. D.

Coroner

5142 Reported

M. D. B. 1205

F 13104

F 13104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

CITY OF BALTIMORE: (No.) St., 9 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kathleen Murphy

(a) Residence: No. Dundalk, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married.

3a. If married, widowed, or divorced, ~~HUSBAND of~~ (or) WIFE of Patrick Le Murphy

6. DATE OF BIRTH (month, day, year) Oct 29 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Belfast Ireland

FATHER

13. NAME Henry McCambridge

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary A. Budd

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles H. McCambridge

(Address) 1819 Lynnhurst Rd

18. BURIAL, CREMATION, OR REMOVAL Lyndale

Place May 31st Mt Olivet Cathedral 19

19. UNDERTAKER J. A. Moran

(Address) 3616 E. Baltimore St

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1930

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1930 to May 29, 1930

I last saw her alive on May 29, 1930 Death is said to have occurred on the date stated above, at 1:20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cyst-adenoma left ovary	
2. Peritonitis	
3. Ind hemorrhage?	

Other contributory causes of importance:

Bilateral salpingo-oophorocystectomy

Name of operation Hysterectomy + Date of 5-21-30

What test confirmed diagnosis? op Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) , M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

M. D. B 1201-9

F 13105

F 13105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 711 Walnut ave,

CITY OF BALTIMORE: (No. 711 Walnut ave St. 28 Ward)

Length of residence in city or town where death occurred since childhood yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie May

(a) Residence: No. 711 Walnut ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel May

6. DATE OF BIRTH (month, day, year) Nov. 12, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) several months

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md

FATHER

13. NAME Jacob Whitcraft

14. BIRTHPLACE (city or town) (State or country) Hagerstown Md

MOTHER

15. MAIDEN NAME Sarah E. Whitcraft

16. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 14 1935

19. UNDERTAKER J. A. Morgan
(Address) 3301 E Baltimore St.

20. FILED ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at Found dead in bed at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular lesion of heart	Unknown
Senility and cerebral Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C Hann Coroner M. D.

(Address) 1215 Hanover St.

M. D. B. 1209-1

F 13106

F 13106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 15 Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Catherine Carey.

(a) Residence: No. 1614 W North Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of James.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME James Quinn

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Bet.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date May 31, 1935

19. UNDERTAKER John A. Moran
(Address) 3000 E. Balto St.

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/26, 1934 to 5/27, 1935

I last saw her alive on 5/27, 1935. Death is said to have occurred on the date stated above, at 9 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 May

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Peters M. D.

(Address) Balto City Hosp

M. D. B. 1208-9

F 13107

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13107

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 615 W. Hamburg St. 21 Ward)

Length of residence in city or town where death occurred 49 yrs. 11 mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary K. Levering

(a) Residence: No. 615 W. Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Howard A. Levering

6. DATE OF BIRTH (month, day, year) June 22 - 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Coscoran

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Howard A. Levering

(Address) 615 W. Hamburg St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 1 . 1935

19. UNDERTAKER Mr. Mrs. John W. Teufel & Son

(Address) 501 W. Lanvale St

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 . 1935 to May 29 . 1935

I last saw her alive on May 26 . 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	May 1934
Other contributory causes of importance:	

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Kenneth B. Boyd M. D.

(Address) 104 W. Madison St

M. D. R. 1969-9

13108

HEALTH DEPARTMENT—CITY OF BALTIMORE

13108

CERTIFICATE OF DEATH

181

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 8 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Ann Eleanor Uttenreither

(a) Residence: No. 1026 Briscoe Street. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---

6. DATE OF BIRTH (month, day, year) March 21st 1932

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	2	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child-None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) --

11. Total time (years) spent in this occupation --

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Peter J. Uttenreither

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Rose Ada Binder

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Rose A. Uttenreither
(Address) 1026 Briscoe Street.

18. BURIAL, CREMATION, OR REMOVAL
Place Mass Cathedral Date May 31. 1935

19. UNDERTAKER J. H. Lieberenz & Sons
(Address) 2108 Pennsylvania Ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 5.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental Burns	May 27, 1
2& 3 degree burns of lower back Abdomen L. Thigh Arm Hand	
(Chicken Pox)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes fill in also the following: Accident, suicide or homicide? Accidental Burns Date of injury May 27, 1935

Where did injury occur? Alley Rear of 1026 Briscoe St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Alley . Balto. Md.

Manner of injury Burnt Playing with Fire in Alley

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.
Coroner

(Address) 3757 W. Monument

M. D. B 1268-9

F 13109 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13109

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1207 Lepton St., 17 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Smithers

(a) Residence: No. 1207 Lepton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lulu Smithers

6. DATE OF BIRTH (month, day, year) March 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	2		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbers helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 059

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Thomas Smithers

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Emma White

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Lulu Thomas
(Address) 1207 Lepton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 5/31/ 1935

19. UNDERTAKER Frances A Hardesty
(Address) 524 W. Biddle St

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-29 1935 to 5-29 1935

I last saw h in alive on 5-29 1935 Death is said to have occurred on the date stated above, at 9:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral dysplegtyon	5/28/1
of heart	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) George L. Adler Coroner M. D.

(Address) 501 Courthouse

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13110 13110

CERTIFICATE OF DEATH

194-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 12 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ronald Banks

(a) Residence: No. 318 N. Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) April 18, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	2	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Solomon Banks

14. BIRTHPLACE (city or town) — (State or country) Virginia

MOTHER

15. MAIDEN NAME Helen Jenkins

16. BIRTHPLACE (city or town) — (State or country) Virginia

17. INFORMANT Helen Banks (Mother)
(Address) 318 N. Ann St.

18. BURIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date June 1. 1935

19. UNDERTAKER Edw Bryan
(Address) 1631 orleans st

20. FILED MAY 31 1935 19 Huntington [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture of Skull	1 day

Other contributory causes of importance:

Name of operation decompression of Skull Date of May 29-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury May 29. 1935

Where did injury occur? 318 N. Ann St. Baltimore, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place Front of Home

Manner of injury Child fell from window - Struck head.

Nature of injury Compound Fracture of Skull.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North ave.

F 13111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4505 Harford Rd St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Guthridge

If U. S. Veteran specify WAR .....

(a) Residence: No. 4505 Harford Rd St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: William J Guthridge

6. DATE OF BIRTH (month, day, year): Oct 22. 1867

7. AGE: Years 67 | Months 7 | Days 5-7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 8037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Michael Hoffman

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Catherine Myers

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Williams J Guthridge

(Address) 4505 Harford Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 5/31 1935

19. UNDERTAKER: W. H. Lee Co

(Address) 1217 E Fayette St

20. FILED ..... 19 ..... Registrar Huntingdon Pennsylvania N.J.

31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to May 29 1935

I last saw h[illegible] alive on May 29 1935 Death is said to have occurred on the date stated above, at [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	14 days

Other contributory causes of importance:

Diabetes Mellitus — Mo

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? —

Name of operation ..... Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) C. S. Levy, M. D.

(Address) Govans Md

M. D. B. 1208-9 B 13112 ✓ F 13112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 Portland St. 7 Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 25 yrs. ... mos. ... ds.

2. FULL NAME THEODORA VERUSH

(a) Residence: No. 643 Portland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED

3a. If married, widowed, or divorced (or) WIFE of LAZAR VERUSH

6. DATE OF BIRTH (month, day, year) SEPT 7 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) MAY

11. Total time (years) spent in this occupation 25 YR

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME PHILIMON KOLODA

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME MARIANNA

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT MR LAZAR VERUSH, HSBD.
(Address) 643 PORTLAND ST

18. BURIAL, CREMATION, OR REMOVAL
Place Schwartz Date May 31 ST 1935

19. UNDERTAKER Edmund Walter
(Address) 628 Washington Blvd

20. FILED 19 Huntington [illegible]

MAY 31 1935 111.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 28 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 26 1935 to MAY 28 1935

I last saw her alive on MAY 27 1935 Death is said to have occurred on the date stated above, at 11 50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
ARTERIOSCLEROSIS	
CEREBRAL HEMORRHAGE	5-23-35

Other contributory causes of importance:

Name of operation NONE Date of

What test confirmed diagnosis? ... Was there an autopsy? NO.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Edward J. Nolan M. D.

(Address) 628 W Washington Blvd

F 13113 ✓ F 13113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 5 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Monford.

(a) Residence: No. 1209 Jefferson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane.

6. DATE OF BIRTH (month, day, year) 3/16/1870.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Nathaniel

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records Bur.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Cemetery 6/1, 1935

19. UNDERTAKER Robert F. Gorsuch

(Address) 804 N. Caroline St.

[illegible] 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/23, 1935 to 5/28, 1935

I last saw him alive on 5/28, 1935 Death is said to have occurred on the date stated above, at 1/25 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Miliary tuberculosis lungs & meninges	3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

M. D. P. 1966-9

F 13114

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13114

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 Poplar Grove St., 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME ~~Doobay~~ Dorothea Wernsdorfer.

(a) Residence: No. 1805 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR: White

5. Single, Married, Widowed or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John J. Wernsdorfer

6. DATE OF BIRTH (month, day, year): Sept. 17 1849

7. AGE: Years 85; Months 8; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: ? Stark

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Miss Barbara Wernsdorfer 1805 Poplar Grove.

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer. Date June 1 1935

19. UNDERTAKER (Address): M. J. Dilatush 1101 N. Fulton Ave.

FILED 31 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 28 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible] 19 [illegible] to May 28 1935

That I saw [illegible] alive on [illegible] 19 [illegible] and that death is said to have occurred on the date stated above, at 11-50 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Duration 2 days. Onset

Other contributory causes of importance:

Arterial Sclerosis yrs.

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. C. Howe M.D. M. D.

(Address) 1629 Mt. Royal Ave.

F 13115 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13115

CERTIFICATE OF DEATH

93-D Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johnston Drake

(a) Residence: No. 1033 N. Wolfe St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laura

6. DATE OF BIRTH (month, day, year) 2/15/1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50.	3	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Robinson City, NC

FATHER

13. NAME King Drake

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Jane Gibson

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Records Bd H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pembroke N. C Date 6-2 1935

19. UNDERTAKER Byron Maxwell Knight

(Address) 1218 Eutaw & Elderry St

MAY 31 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/26 1935 to 5/29 1935

I last saw him alive on 5/29 1935 Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency — Date of onset 4 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

Spec.—1-10-21 M&T 1500 Bks.

F 13116

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13116

CERTIFICATE OF DEATH.

11-B

1-PLACE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 426 Hutchins Ave ST. 27 WARD)

2-FULL NAME Emily Wafford

(a) RESIDENCE NO 426 Hutchins Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	Col	Widow

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Richard Wafford

6 DATE OF BIRTH (month, day, and year) May 25, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	67		3	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None work 00 00

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Virginia

PARENTS

10 NAME OF FATHER Thos. Wrenn

11 BIRTHPLACE OF FATHER (city or town) (State or country) Virginia

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia

14 Informant Annie Warfford Haughton (Address) 426 Hutchins Ave.

15 May 31 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 28 1935

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to May 28, 1935, that I last saw her alive on May 28th, 1935, and that death occurred, on the date stated above, at 10-30 A m.

The CAUSE OF DEATH* was as follows:

Heart Collapse brought on by Acute Indigestion. Patient was weak from an attack of La Grippe

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) E. H. Duncan, M. D.

19 (Address) 5106 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL McCabery Ave. DATE OF BURIAL May 31 1935

20 UNDERTAKER Mrs. Robert Elliott—Haughton ADDRESS 1129 Hardy St

Resnekow ✓ F 13117

F 1311 7 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 41 N. Eden St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Isaac Resnekow

If U. S. Veteran specify WAR .....

(a) Residence: No. 41 N. Eden St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rachael Resnekow

6. DATE OF BIRTH (month, day, year) 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob —

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Dvida —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rachael Resnekow Wife

(Address) 41 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Jack Levin Woodlawn Date 5-31- 1935

19. UNDERTAKER Jack Levin Inc

(Address) 1731 E. Baltimore St. Huntington Avenue, N.B.

20. FILED ..... 19 ..... Registrar.

31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31- 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to May 30 1935

I last saw her alive on May 30- 1935. Death is said to have occurred on the date stated above, at 9:14 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach and Liver	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Louis Snyder, M. D.

(Address)

Spec.—9-30—A. & Co.—250 Blks

VF 13118

13118 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. 124-a

1-PLACE OF DEATH Franklin Square Hospital REGISTERED NO.

CITY OF BALTIMORE: (No 5 St 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Stephen Rappazzo

(a) RESIDENCE NO. 405 N. Exeter St. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: DO

4 COLOR OR RACE: W. Italian

5 Single, Married, Widowed, or Divorced, (write the word): married.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Carmela Rappazzo

6 DATE OF BIRTH (month, day, and year): Dec 24 1870

7 AGE: Years 64 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Barber
(b) General nature of industry, business, or establishment in which employed (or employer): Self.
(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Italy.

PARENTS
10 NAME OF FATHER: Charles Rappazzo
11 BIRTHPLACE OF FATHER (city or town) (State or country): Italy
12 MAIDEN NAME OF MOTHER: Mary Schiavetta
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Italy.

14 Informant (Address): Carmela Rappazzo 405 N. Exeter St.

15 Filed ..., 19 35 Registrar

MAY 31 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): May 29

17 I HEREBY CERTIFY, That I attended deceased from March 21, 1937, to May 29, 1937, that I last saw h[e] alive on May 29, 1937, and that death occurred, on the date stated above, at 2.30 A.M.

The CAUSE OF DEATH* was as follows:
Cirrhosis of liver.
arteriosclerosis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): Cardiac Hemorrhage.
6 hours (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? NO Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical.

(Signed) G. Owen Moore M. D.

, 19 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Most Holy Redeemer — DATE OF BURIAL: June 1 1935

20 UNDERTAKER: Wendell Dolfinger — ADDRESS: 142 S. Eaton St.

M. D. F. 1268-9

F 13119

F 13119

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2310 Harlem Ave. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Sansom,

(a) Residence: No. 2310 Harlem Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amelia Sansom,

6. DATE OF BIRTH (month, day, year) February 19.1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Insurance Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) About 5 Years

11. Total time (years) spent in this occupation 25 Years

12. BIRTHPLACE (city or town) (State or country) McConnellsburg Penna.

FATHER

13. NAME James B. Sansom,

14. BIRTHPLACE (city or town) (State or country) Stoyestown Penna.

MOTHER

15. MAIDEN NAME Sarah Leader,

16. BIRTHPLACE (city or town) (State or country) Bedford Penna.

17. INFORMANT Mrs Amelia Sansom
(Address) 2310 Harlem Ave.

18. BURIAL, CREMATION, OR REMOVAL JUN 1 - 1935
Place Loudon Park Cem. Date . 19

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED MAY 31 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 19 . 1929 . to May 30 . 35
I last saw him alive on May 29 . 1935 Death is said to have occurred on the date stated above, at 8.57 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Congestive Heart Failure — Date of onset 4 Years about 6 mo.

Other contributory causes of importance:

Ch. Arteriosclerotic nephritis — Date of onset June 1929

Name of operation None Date of

What test confirmed diagnosis Clinical Course Was there an autopsy? Non

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury . 19

Where did injury occur? None
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Geo W Lear, M. D.

(Address) 705 Med Arts Balt Md

M. D. P. 1268-9

E 13120

HEALTH DEPARTMENT—CITY OF BALTIMORE

13120

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 805 N. Chester St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? 47 yrs. mos. ds.

2. FULL NAME Mary Stanik

(a) Residence: No. 805 N Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jozef Stanik

6. DATE OF BIRTH (month, day, year) Mar 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Stanislaus Furban

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Emma Ehlika

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Regina Ouvet

(Address) 805 N. Chester St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 1, 1935

19. UNDERTAKER Frank Cruickshank

(Address) 1906 Eastern Ave

20. FILED 19 Registrar

MAY 31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 29, 1935

I last saw her alive on May 28, 1935. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/20/35
(apoplexy)	

Other contributory causes of importance:

Cardio Vascular Renal Disease ?

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2102 E Madison St

M. D. B. 1300 F 13121

F 13121

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 803 N. CHESTER STREET St., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME MARY OPPITZ

(a) Residence: No. 803 N. CHESTER STREET St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Oppitz

6. DATE OF BIRTH (month, day, year) Jan. 28-1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	4	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gottlesbrun Austria

FATHER

13. NAME Martin Steindl

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Miss Steindl

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Joseph H. Oppitz (Address) 703 N. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 3 1935

19. UNDERTAKER William J. Schultz (Address) 1416 E. Monument St

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30-1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from January 5-1935 . 19 . to May 29-1935 . 19 .

I last saw her alive on May 29 . 1935. Death is said to have occurred on the date stated above, at 1:30A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1/5/35
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) William J. Ryan M. D.

(Address) 801 N. KENWOOD AVENUE

M. D. B. 1265-9

F 13122

13122 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V131

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levina Bishop

(a) Residence: No. 722 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Sallie Bishop

6. DATE OF BIRTH (month, day, year) 2-15-1857

7. AGE: Years 8 | Months 3 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

FATHER

13. NAME Pernell Bishop

14. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

MOTHER

15. MAIDEN NAME Mary Dennis

16. BIRTHPLACE (city or town) (State or country) Pocomoke Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date May 31, 1935

19. UNDERTAKER

(Address)

FILED 31 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to 5-29-, 1935

I last saw ~~him~~ alive on 5-29-, 1935 Death is said to have occurred on the date stated above, at 11.30 A m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis with uremia — Date of onset 5-26-35

Other contributory ~~causes~~ of importance: Hypertensive cardio-vascular disease with generalized arterio-sclerosis.

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. A. Marshall M. D.

(Address) 1838 Druid Hill

M. D. B 1268-9

3123

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13123

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3807 Harrison Blvd St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna Elizabeth Curlander

(a) Residence: No. 3807 Harrison Blvd St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: ✓

6. DATE OF BIRTH (month, day, year): Nov. 27, 1878

7. AGE: Years 56 | Months 6 | Days 3 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Martin Curlander

14. BIRTHPLACE (city or town) (State or country): Hamburg Germany

MOTHER

15. MAIDEN NAME: Agnes M. Cordes

16. BIRTHPLACE (city or town) (State or country): Hamburg Germany

17. INFORMANT: Mr. Chas. Curlander

(Address) 3605 Brantley Rd

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Cem. Date: June 1, 1935

19. UNDERTAKER: Jos. Tietjen Sons

(Address) North & Fremont

20. FILED June 1, 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 4:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage.	

Other contributory causes of importance:

High blood pressure. Arteriosclerosis

Name of operation ..... Date of ...

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify.

(Signed) ..... M. D.

Coroner

(Address) 124 S. Hanover St.

M. D. P. 1268-9

F 13124

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13124

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Edith Hann (Edith Irene Hann)

(a) Residence: No. 2159 Hollins St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (a) HUSBAND of (or) (b) WIFE of Henry Hann Jr.

6. DATE OF BIRTH (month, day, year) Dec. 2 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Wilbur Schillinglaw

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Fannie Stallings

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mr. Henry G. Hann Jr. (Address) 2159 Hollins St

18. BURIAL, CREMATION, OR REMOVAL Place London P.K. Date June 4 1935

19. UNDERTAKER Wm. J. Tyler Gorsuch (Address) Reisterstown Md

FILED 31 1935 Reisterstown Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1935 to 5/30 1935

I last saw h-2 alive on 5/30 1935 Death is said to have occurred on the date stated above, at 6 30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bladder Malignancy (Carcinoma)	
Chronic myocarditis & cardiac insufficiency	
Acute exhaustion	

Other contributory causes of importance:

Name of operation Palliative cystotomy Date of 5/24/35

What test confirmed diagnosis? Reisterstown Hospital Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. H. Ramsey M. D.

(Address) Maryland General Hosp.

M. D. B. 1268-9

F 13125

3125

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 5720 Ellington Rd St. 27 (Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Fredk. Bensing

(a) Residence: No. 5720 Ellington Rd St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Goddard Bensing

6. DATE OF BIRTH (month, day, year) Sept. 2, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	44	8	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Com Merchts

10. Date deceased last worked at this occupation (month and year) 1/29 11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (city or town) (State or country) Kansas City Kansas

FATHER

13. NAME Herman L. Bensing

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Carrie Walsh

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Emma G. Bensing
(Address) 5720 Ellington Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Kansas City Mo. Date May 31 1935

19. UNDERTAKER (Address) Wm. Michael Sons North & Caroline

20. FILED May 31 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27. 1935 to May 29. 1935

I last saw him alive on May 29. 1935 Death is said to have occurred on the date stated above, at 3.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Sclerosis	1926
Acute uremia	3 days

Other contributory causes of importance:

Name of operation P.E. & Lab. Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Homer L. Todd M. D.

(Address) 735 N. Milton Ave

M. D. F. 1268-9

13126 13126

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 609 n Spring St., 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lulu Gough Washington

(a) Residence: No. 609 n Spring St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Clyde Washington

6. DATE OF BIRTH (month, day, year) 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	44			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dauntless 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md Mary County

MOTHER FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Alma Brown

(Address) 1120 N Eden St

18. BURIAL, CREMATION, OR REMOVAL. Cremation to

Place St Michaels Md Date May 31 1935

19. UNDERTAKER Mrs Thos G. Bayley

(Address) 1421 Jefferson St

31 1935 Huntington Avenue Funeral Home

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to May 28, 1935

I last saw h... alive on May 28, 1935 Death is said to have occurred on the date stated above, at 9:50 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	May 27/935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical ... there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo [illegible] M. D.

(Address) 502 [illegible]

M. D. P. 1268-9

F 13127

13127 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH St. Washington

CITY OF BALTIMORE: (No. 1211 Belvedere ave 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mon. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph J. Noppenberger

(a) Residence: No. 1211 Belvedere ave. St., Ward.

(Place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced (or) WIFE of Margaret Noppenberger

6. DATE OF BIRTH (month, day, year) Jan 4 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 2 years

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telegraph operator.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md. Md.

FATHER

13. NAME Conrad Noppenberger,

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Margaret Gumpert

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Noppenberger

(Address) 1211 E Belvedere ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 1, 1935

19. UNDERTAKER John Burns Sons

(Address) 612 York Road Towson Md.

Huntington Williams Registrar.

JUN 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-35

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 - 35 to May 29 35

that I last saw h alive on May 29, 1935 Death is said to have occurred on the date stated above, at 10:15A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic coma	2 hrs
Myocarditis	

Other contributory causes of importance:

arteriosclerosis, myocarditis chronic nephritis especially cerebral sclerosis	3 years

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19..

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no

Manner of Injury no

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify no

(Signed) Vernon J. Kelly M. D.

(Address) 608 Somerset Road

M. D. B. 1263-9

13128 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13128

CERTIFICATE OF DEATH

X 137

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Rodwood & Greene St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 25 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Paul August Seeger

(a) Residence: No. Woodholme Rd Pikesville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Corella Johannes

6. DATE OF BIRTH (month, day, year) Aug 5 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Banker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1922 — 11. Total time (years) spent in this occupation. ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John J. Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Phillipine Steckenfinger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Bolling Barton (Address) Pikesville Md

18. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date June 1 1935

19. UNDERTAKER Henry W. Dukes Sons (Address) McCulloh & Cleveland Sts

31 1935 Huntington Williams, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1935 to 5-30 1935

I last saw him alive on 5-30 1935. Death is said to have occurred on the date stated above, at 11.58 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy of prostate	1 year
Superficial pustular eruption	
Uremia	

Other contributory causes of importance:

Name of operation Suprapubic prostatectomy Date of 5-20

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) P. Brent Tate M. D.

(Address) University Hospital

M. D. B. 1268-9

13129 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13129

CERTIFICATE OF DEATH

1 93-C

Registered No.

1. PLACE OF DEATH Aged Women's Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes L Goodenough

(a) Residence No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 12 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) England

FATHER

13. NAME John Goodenough

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Eliza Miller

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT M E Frystal (Home records)
(Address) 1404 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 1935

19. UNDERTAKER J Vernon Fleetner
(Address) 2301 Edmondson Ave

20. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28 1934 to May 30 1935

I last saw h alive on May 30, 1935. Death is said to have occurred on the date stated above, at 12 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic with auricular fibrillation	

Other contributory causes of importance:

Chronic Cyst.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Edwin B Jarrell M. D.

(Address) 1102 St Paul St.

M. D. B. 1268-9

F 13130

13130 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V x 163

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Southern Hotel St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Chester Groff

(a) Residence: No. 10743 106th St., Ozone Park, N. Y. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Dorothy Birch Groff

6. DATE OF BIRTH (month, day, year) Oct. 19, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician 6054

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired U.S. Navy

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa.

FATHER

13. NAME Diller Groff

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mrs. Dorothy B. Groff Ozone Park
(Address) 10743 106th St., N.Y.

18. BURIAL, CREMATION, OR REMOVAL
Place Wash., D. C. Date May 31, 35

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1300 Eutaw Place

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac paralysis.	
Potassium Cyanide poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury May 31 1935
Where did injury occur? Self administered at Southern Hotel
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public hotel - private room.
Manner of injury Self administered poisoning
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Coroner M. D.

(Address) 1010 S. Broadway

M. D. P. 1268-9

F 13131

13131

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion M. Shaffer

(a) Residence: No. 2705 Chelsea Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE~~ J. Fred Shaffer

6. DATE OF BIRTH (month, day, year) 3-29-85

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	2	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Clay Mottram

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Annie Bartley

16. BIRTHPLACE (city or town) (State or country) Phila. Penn.

17. INFORMANT J. Fred Shaffer
(Address) 2705 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Fordmire Cem. Date June 1, 1935

19. UNDERTAKER John C. Mitchell & Sons
(Address) 1900 Eutaw Place
Huntington Williams Reg. No. 1044

20. FILED
31 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-10, 1935 to 5-30, 1935

I last saw her alive on 5-30, 1935 Death is said to have occurred on the date stated above, at 5:30 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Caecum	
Chronic appendicitis	
Cholelithiasis	
Hydrops gall bladder	

Other contributory causes of importance:

Acute cardiac failure	

Name of operation Appendectomy Ileo-colostomy Date of 5-30-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Philip O. Dudley, M. D.

(Address) 3rd & Gen. Hosp.

M. D. B. 1268-9

F 13132

13132 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

✓ 122-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL BALTIMORE, MD

CITY OF BALTIMORE: (No. ..... St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ~~Herbert S. Partlow~~ Herbert Samuel Partlow

(a) Residence: No. 3304 St. Ambrose St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Partlow

nee Zo- 1888

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	2	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Motorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. R. R. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rappahannock Co. Va.

FATHER

13. NAME Samuel Partlow

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Frances Racer

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Mrs. H. S. Partlow

(Address) 3304 St. Ambrose Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Rose Cem. Md. Date May 3 1935

19. UNDERTAKER George C. Smith

(Address) 1950 Eutaw Place

20. FILED 31 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 30, 1935

I last saw him alive on May 30, 1935 Death is said to have occurred on the date stated above, at 3 60 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Ventral hernia	
2. Pneumonia - (bronchio-)	5-28-35

Other contributory causes of importance:

Name of operation Herniplasty Date of 5-23-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) ..... M. D.

(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD.

13133 Domanowski / F 13133

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

A 107-W

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Agatha Domanowski

(a) Residence: No. 1611 Cypress St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John.

6. DATE OF BIRTH (month, day, year) 2/ ?/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 6037

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Milton Athanowski

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records Bdt.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cemetery B.A.C. Date 6/3/35

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Fayette Ave

20. FILED ... Huntington Williams, Reg.

JUN 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/35

22. I HEREBY CERTIFY, That I attended deceased from 5/25/35 to 5/30/35

I last saw her alive on 5/30/35 Death is said to have occurred on the date stated above, at 6 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 days
Hypertension	

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

F 13134

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13134

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Geneva Apt St., 12 Ward)

Length of residence in city or town where death occurred 45 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 51 6 10

2. FULL NAME Jane Bowes

(a) Residence: No. Geneva apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

5a. If single: Single

6. DATE OF BIRTH (month, day, year): Nov-21-1883

7. AGE: Years 51 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Washington D.C.

FATHER

13. NAME: Joseph Bowes

14. BIRTHPLACE (city or town) (State or country): Clonius Ireland

MOTHER

15. MAIDEN NAME: Jennie E. Warnock

16. BIRTHPLACE (city or town) (State or country): Ballamoney Ireland.

17. INFORMANT: Mrs Jane Bowes

(Address) Geneva apts.

18. BURIAL, CREMATION, OR REMOVAL: Woodlawn-New York June 2/35

Place

19. UNDERTAKER: Sheridan Mortuary Co.

(Address) 1615 Linden Ave. Huntington Milwaukee, N.Y.

20. FILED: 7 31 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/30/35

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1931 to May 31, 1935

I last saw her alive on May 30-1935 Death is said to have occurred on the date stated above, at 5 10 m 4 m

The principal cause of death and related causes of importance were as follows:

Date of onset

Abdominal Carcinomatosis.

Other contributory causes of importance:

none

Name of operation: Resection of Sigmoid. Date of: July 22-1931

What test confirmed diagnosis:

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Elmer B Tregugan M. D.

(Address) 802 Calhoun St.

M. D. B. 1268-9

13135

HEALTH DEPARTMENT—CITY OF BALTIMORE

13135

210-M

CERTIFICATE OF DEATH

1. PLACE OF DEATH Pronounced dead at
CITY OF BALTIMORE: (No. Union Memorial Hpt. St. 12 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 47 9 4

2. FULL NAME Howard Morton Cunningham

(a) Residence: No. 608-E-34-St St., 12 Ward. Resident
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): About Aug-26-1887

7. AGE: Years 47 | Months 9 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Balto (Water Dept)
10. Date deceased last worked at this occupation (month and year): May 30/35
11. Total time (years) spent in this occupation: 4 yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER
13. NAME: John D. Cunningham
14. BIRTHPLACE (city or town) (State or country): Balto. Maryland

MOTHER
15. MAIDEN NAME: Mary A. Burranger
16. BIRTHPLACE (city or town) (State or country): Balto. Maryland

17. INFORMANT: Andrew D. Cunningham (Brother)
(Address) 608 E 34 St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 1 19 35

19. UNDERTAKER: Stewart Mortuary Co.
(Address) 108 W North Ave.

20. FILED JUN 1 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 5/30/35 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw him alive on 5/30/35 19 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Died on arrival at Hospital

Name of operation None Date of

What test confirmed diagnosis? Observed Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/30 19 35
Where did injury occur? N. North Ave near Bridge
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Street
Manner of injury Struck by motor truck
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Herbert Bailey (Coffee) Coroner M. D.
5/42 Coroner
Auto

M. D. P. 1268-9

(Male)

F 13136

13136

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Almeda St., 9 Ward)

Length of residence in city or town where death occurred, 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine M Mele

(a) Residence: No. 3211 Almeda St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Mele

6. DATE OF BIRTH (month, day, year) Feb 26 1873

7. AGE — Years 62 | Months 3 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs Ennis Collins

(Address) 3211 Almeda Blvd

18. BURIAL, CREMATION, OR REMOVAL

Place Lakewood Cem Date 6/1 1935

19. UNDERTAKER Fry & Taylor

(Address) Taylor & Fry Taylor

20. FILED Huntington Williams, Registrar.

JUN 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to May 30, 1935

I last saw her alive on May 30, 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebreal Hemorrhage	
Chronic Nephritis	

Other contributory causes of importance:

Toxemia	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Benjamin D. McElroy M. D.

(Address) 430 Dayan St.

M. D. B. 1268-9

13137

F 13137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 27-1622-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore 1032 Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 50 yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Lembach

(a) Residence: No. 4505 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of George Lembach

6. DATE OF BIRTH (month, day, year) July 16 62

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME John Muller

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Singer

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Mrs Mamie Euler
(Address) 1733 W. North ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/3 1935

19. UNDERTAKER Vernon Lemmon
(Address) 464 Park Heights.

31 1935

20. FILED Huntington Township, Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14 1935 to May 31 1935

I last saw her alive on May 31 1935 Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure	5/30
Other contributory causes of importance:	
	new

Name of operation Exploratory Date of 4/25/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William D. Wright M. D.

(Address) South Baltimore 1032

M. D. B. 1268-9

F 13138

3138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108- Mc Phail St. St., 70 Ward)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George J. Dukes

(a) Residence: No. 108- Mc Phail St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Alice E. (Mrs Layman)

6. DATE OF BIRTH (month, day, year) Nov. 4- 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6-	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME John Dukes.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Kenneth J. Dukes.
(Address) 108- Mc Phail St.

18. BURIAL, CREMATION, OR REMOVAL
Place Frostburg Md Date June 4 1935

19. UNDERTAKER Harry H. Mitzel
(Address) 401 Edmondson Ave

20. [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27 1935 to May 29 1935

I last saw him alive on May 29 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1930

Other contributory causes of importance:

Diabetic Gangrene	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Albert Seagmeller M. D.

(Address) 1729 W. Lombard St.

Spec.—1-10-21—M&T—1500 Bks.

13139

F 13139

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

95-B

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 4526 Schenley Rd. (St.) 27 (WARD)

2-FULL NAME Josephine E. Moore.

(a) RESIDENCE NO. 4526 Schenley Rd. ST. ..... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): Single.

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Jan 21, 1866

7 AGE: Years 69; Months 4; Days 10; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: None.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) md.

PARENTS

10 NAME OF FATHER John Moore.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Mary Inchouse

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Mrs. Frank Mormann

(Address) 4526 Schenley Road.

15 31 1935 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 19 35

17 I HEREBY CERTIFY, That I attended deceased from May 27, 19 35, to May 31, 19 35,

that I last saw her alive on May 31, 19 35,

and that death occurred, on the date stated above, at 3 P. m.

The CAUSE OF DEATH* was as follows:

Myocardial Failure

(duration) yrs. mos 14 ds.

CONTRIBUTORY (Secondary) Arteriosclerotic Cardiovascular Disease

cause Hypertension (duration) 7 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) Francis H Gilles, M. D.

, 19 (Address) 900 E 37th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine Cem. DATE OF BURIAL: June 3, 19 35

20 UNDERTAKER: Edmonds & Son ADDRESS: 3615 Harford ave

M. D. B 12682-0

13140 ✓ F 13140

13140 HEALTH DEPARTMENT—CITY OF BALTIMORE

141-114B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Franklin Square Hospital St., ... Ward)
Length of residence in city or town where death occurred ..... yrs. 9 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Audrey F. Walizer
(a) Residence: No. 8 N. Calhoun St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married
6a. If married, ~~widowed or divorced~~ ~~HUSBAND of~~ (or) WIFE of: William H. Walizer
6b. DATE OF BIRTH (month, day, year): May 19th 1904
7. AGE: Years 26 | Months 0 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation: X
12. BIRTHPLACE (city or town) (State or country): Conway N.C.
13. NAME: [illegible] Allen
14. BIRTHPLACE (city or town) (State or country): N.C.
15. MAIDEN NAME: Mary Britton
16. BIRTHPLACE (city or town) (State or country): N.C.
17. INFORMANT (Address): Wm H. Walizer 8 N. Calhoun St
18. BURIAL, CREMATION, OR REMOVAL
Place: Conway N.C. Date: June 1st 1935
19. UNDERTAKER (Address): Wm Cook 1217 St Paul St
Filed May 31 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 24th 1935
22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....
I last saw h... alive on June ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infarct of Left Lung	May 16-
(Lower Lobe)	1935

Other contributory causes of importance:
Abscess of Lung following Curettement. (Left Side) following self induced abortion Sometime before may 6th 35

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Symptoms & X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave.

M. D. B. 268-9 F 13141 ✓F 13141

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1052 n Milton Ave St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret C Rider

(a) Residence: No. 1052 n Milton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of William C Rider

6. DATE OF BIRTH (month, day, year) 12-13-1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
69	5	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 00

12. BIRTHPLACE (city or town) Balto (State or country) md

FATHER

13. NAME Samuel Ottipe

14. BIRTHPLACE (city or town) Balto (State or country) md

MOTHER

15. MAIDEN NAME Sophia Hurt

16. BIRTHPLACE (city or town) Balto (State or country) md

17. INFORMANT Mrs E C Rider
(Address) 1052 n Milton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park md Date ... 19...

19. UNDERTAKER Albert L Veit Jr
(Address) 1624 n Charles Street

20. FILED 1935 Thos. E. Jones, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 19 35

22. I HEREBY CERTIFY, That I attended deceased from May 15 19 35 to May 31 19 35

I last saw h.e alive on May 31 19 35. Death is said to have occurred on the date stated above, at 2 30 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	May 1934

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) John J Conroy M. D.

(Address) 1603 1/2 Broadway

AdCo. 1-31-25M F 13142

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13142

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 N. Rutland Avenue St., 8 Ward)

Length of residence in city or town where death occurred 74 yrs. 10 mos. 9 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anna M. Krotee

(a) Residence: No. 1713 N. Rutland Avenue St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William C. Krotee

6. DATE OF BIRTH (month, day, year) July 19, 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Henry Merkle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elise Heidelbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Ida Krotee

(Address) 1713 N. Rutland Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Jerusalem Luth Date June 2 19 35

19. UNDERTAKER

(Address) 1606 N. Chester Street

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935 to May 28, 1935

I last saw h[illegible] alive on May 27, 1935 death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	?
Arteriosclerosis	
Cardiovascular Nephritis	1925

(Other contributory causes of importance)

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Adam B. Leuman, M. D.

(Address) 710 N. Patterson Park Ave

M. D. Bk 2268-A

F 13143

F 13143

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 Edmondson Ave 16 Ward)

Length of residence in city or town where death occurred 67 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Louis Berger

(a) Residence: No. 306 Edmondson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Annie M. Berger

6. DATE OF BIRTH (month, day, year) May 11th 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0004

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME August Berger

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Annie M. Berger
(Address) 1306 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Date June 1st 1935

19. UNDERTAKER Mrs Chas A. J. Rohde
(Address) 2327 Edmondson Ave
Herrington Williams

20. FILED 1-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis

Hard Arteriosclerosis

Other contributory causes of importance:

Date of onset

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C. Haas Coroner, M. D.

(Address) 1215 Hanover

H. D. B. 1268-9

F 13144

HEALTH DEPARTMENT—CITY OF BALTIMORE

13144

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hospitals 22 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Bordgen

(a) Residence: No. 808 Leadenhall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	widowed

6. If married, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of Alice

DATE OF BIRTH (month, day, year) April 25 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	1	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oyster shucker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Packing house

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Maryland

13. NAME William Bordgen

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Biggs

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Carrie Collick

(Address) 1512 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Wan Cem Date 6/3 19 35

19. UNDERTAKER Walter B. Lewis & Bro

(Address) 739 W. Hamburg St. Baltimore, Md.

20. FILED 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	2 days

Other contributory causes of importance:

Mitral insufficiency — many years

Name of operation ..... Date of

What test confirmed ~~diagnosis~~? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... ~~Date~~ of injury 19

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) J. M. Wright Coroner . M. D.

(Address) 1010 S. Edmondson Ave

M. D. B. 1268-9

F 13145

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13145

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 804 N. Lakewood Ave St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNA MARIE NAKE

(a) Residence: No. 804 N. Lakewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Alvin Nake

6. DATE OF BIRTH (month, day, year) Sept. 9. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	8	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dietrich Ripkin

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Henrietta Krumm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Naomi Geiwitz

(Address) 804 N. Lakewood Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date June 1, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Baltimore & Broadway

(Address)

20. FILED June 1 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to May 30 1935

I last saw her alive on May 30 1935 Death is said to have occurred on the date stated above, at 2.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia —	May 30
Arterial Hypertension —	July 1934
Arterio Sclerosis	
Cardio-Vascular-Renal —	July 1934

Other contributory causes of importance:

Obesity — Mitral Insufficiency July 1934

Name of operation — Date of —

What test confirmed diagnosis Usual physician Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Louis F. Krumm M. D.

(Address) 722 No. Lakewood Av

M. D. P. 1968-9

F 13146

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13146

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Delores Matthews

(a) Residence: No. 1040 N. Stricker St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	

2a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/10/33 1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	16 5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME unknown ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Corrine Matthews

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mother (Corine Matthews)

(Address) 1040 Stricker St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Star Cem Date 6/1/ 1933

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

Huntington Funeral Home, Inc.

20. FILED 6-1-1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-29-, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-9-, 1933, to 5-29-, 1933

I last saw h alive on 5-29-, 1933. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	5-9-33

Other contributory causes of importance:

Name of operation. Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B. Fe Compte, M. D.

(Address) Provident Hosp.

H. D. B 1268-9

F 13147

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13147

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary L Matthews

(a) Residence: No. 918 N. Carrollmere Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

6. If married, widowed, or divorced: HUSBAND (or) WIFE John F Matthews

7. DATE OF BIRTH (month, day, year)

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59 Yrs	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Carroll Co MD.

13. NAME of father Charles

14. BIRTHPLACE (city or town) (State or country) Baltimore Co MD

15. MAIDEN NAME Mary Proctor

16. BIRTHPLACE (city or town) (State or country) Baltimore Co MD

17. INFORMANT James Matthews (Son)

(Address) 918 N. Carrollmere Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date June 4th 1935

19. UNDERTAKER Mrs. Peter McClintock-Haughton

(Address) 1129 Pleasant St Huntington W Va

20. FILED 6-1-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw he alive 5/27, 1935. Death is said to have occurred on the date stated above, at 8 1/2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Comminuted fracture of R tibia & fibula	

Other contributory causes of importance:

Diabetes
Gas Gangrene
(R Ankle)

Name of operation Mid Thigh Amputation Date of 5/29/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 5/27, 1935

Where did injury occur Between Carlton & Carrollmere Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by auto

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Hubert Dudley MD Auto Coroner

(Address) 5142 Park Heights Ave

F 13148

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13148

111-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 634 Denison St
CITY OF BALTIMORE: (No. 634 Denison St., 16 Ward)
Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Annie Cornelia Little

(a) Residence: No. 634 Denison St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of Harry M. Little

DATE OF BIRTH (month, day, year) Dec 3, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	5	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mill Laundry Co.
10. Date deceased last worked at this occupation (month and year) May 22 1935
11. Total time (years) spent in this occupation 17 yrs
12. BIRTHPLACE (city or town) (State or country) Baltimore Md.
13. NAME Robert Garrison
14. BIRTHPLACE (city or town) (State or country) Baltimore Md.
15. MAIDEN NAME Annie Harris
16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md.
17. INFORMANT Isabelle Tippin
(Address) 634 Denison St
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 3, 1935
19. UNDERTAKER Wm J. Dukes & Son
(Address) North & Pa. Aves

FILED ..... 19 ..... Registrar.

JUN 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....
I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolus	5-24-35

Other contributory causes of importance: Arteriosclerosis — unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C Kaye ..... M. D.
Coroner
(Address) 1215 Hanover

F 13149

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. F 13149

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4404 Raspe Ave. Ward 26 St.) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Ellen S. Oldson

(a) Residence: No. 4404 Raspe Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Horatio Oldson

7. DATE OF BIRTH (month, day, year) Nov. 15, 1850

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

MOTHER FATHER

13. NAME John Henry Wise

14. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

15. MAIDEN NAME Lucretia Watts

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

17. INFORMANT Mr. A. H. Kinnear
(Address) 4404 Raspe Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Cem. Date June 3, 1935

19. UNDERTAKER Wm J. Tyckney & Son
(Address) Wm. J. Tyckney & Son Funeral Parlors, Huntington Maryland

20. FILED JUN 1 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1935 to May 31 1935

I last saw her alive on May 31 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	1929
Other contributory causes of importance: Cardiac Insufficiency	Jan 1935
Pneumonia Pectoris	May 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Wm Edmunds, M. D.

(Address) 2746 Alameda

M. D. B. 1268-9

✓ F 13150

13150 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5356 Reisterstown Road St., 28 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANNIE MAY KREINER

(a) Residence: No. 5356 Reisterstown Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Thomas Kreiner

6. DATE OF BIRTH (month, day, year): April 7, 1882

7. AGE — Years: 53 | Months: 1 | Days: 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: Lewis Miller

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Thomas Kreiner

(Address): 5356 Reisterstown Road.

18. BURIAL, CREMATION, OR REMOVAL

Place: New Cathedral Date: June 3, 1935

19. UNDERTAKER: Wm J Tokner & Sons

(Address): North & Pennsylvania Aves, Baltimore, Md.

20. FILED: [illegible], 1935 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to May 30 1935

I last saw her alive on May 30, 1935. Death is said to have occurred on the date stated above, at 4.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	[illegible]
Metastasis to liver.	June 1, 1935

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John D. Blum M. D.

(Address) 1206 E. Preston St.

Cor—12-9-25—A Co—200 Bks.

F 13151

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13151

93-C

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. City Hospital St., 5 Ward)

2-FULL NAME John Paul Schultz.

(a) RESIDENCE NO. 14 N. Front St. St. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? 61 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 Color or Race W.

5 Single, Married, Widowed, or Divorced. (write the word) Single

6 If married, widowed, or divorced HUSBAND of (or) WIFE of X

7 DATE OF BIRTH (month, day, and year) Aug 26. 1872

AGE	Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
62	62	9	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Steelman 08

(b) General nature of industry, business, or establishment in which employed (or employer) Sparrows Point

(c) Name of employer Bethlehem Steel Co.

9 BIRTHPLACE (city or town) not known

(State or country) Germany.

10 NAME OF FATHER John Schultz.

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Germany.

12 MAIDEN NAME OF MOTHER Julia

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany.

14 Informant Mrs. Louis Schultz.

(Address) 4944 Harford Ave

15 Filed ....., 19 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 31 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) unknown ....mos. ....ds.

CONTRIBUTORY (Secondary) unknown

(duration) ....yrs. ....mos. ....ds.

(Signed) [illegible] M. D.

(Coroner)

5/31/ 1935 (Address) 1010 S. Ellwood Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transients, or Recent Residents.)

At place of death ....yrs. ....mos. ....ds. In the State ....yrs. ....mos. ....ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emmanuel Cem. Date of Burial 6/1 1935

UNDERTAKER J. Heumann & Son ADDRESS 32 S. Broadway

M. D. F. 1268-9

✓ F 13152

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13152

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 941 N. Bond St., 7 Ward)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Hagerty

(a) Residence: No. 941 N. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced (or) WIFE of: late John E. Hagerty

6. DATE OF BIRTH (month, day, year): July 11 1854

7. AGE: Years 80 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: Vincent Diegelmann

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Wilhelmina Merling

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Miss. Marie Hagerty

(Address) 941 N. Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cemetery Date: June 3 1935

19. UNDERTAKER: Henry Greek Sons, Inc.

(Address) 301 E. Lexington St

20. FILED JUN 1 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935 to May 30, 1935

I last saw her alive on May 29 1935 Death is said to have occurred on the date stated above, at 5.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Endocarditis	?
Other contributory causes of importance: Hypostatic Pneumonia	3 ds.
Arter. Sclerosis	?

Name of operation: None Date of: No

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. M. Carter, M. D.

(Address) 1114 Harlem Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13153

CERTIFICATE OF DEATH

1. PLACE OF DEATH Johns Hopkins Hospital

CITY OF BALTIMORE: (No. ... St., 5 Ward)

Registered No. ...

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Manny Langer

(a) Residence: No. 10 S Selvis St. St., ... Ward. N-Y-

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 7/25/02

7. AGE: Years: 32; Months: 10; Days: ...; If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Silk Buyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Silk

10. Date deceased last worked at this occupation (month and year): ...

11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (city or town) (State or country): N. Y.

FATHER

13. NAME: Jack Langer

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Essie Gruntag

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Friends

(Address) ...

18. BURIAL, CREMATION, OR REMOVAL: New York City Date 6-1-35 19...

19. UNDERTAKER: Jack Levis Inc.

(Address) 1432 E. Baltimore St

20. FILED: JUN 1 - 1935

Huntington Pittsburgh, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to May 31, 1935.

I last saw him alive on May 31, 1935. Death is said to have occurred on the date stated above, at 5-45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	1932
Other contributory causes of importance:	

Name of operation: Lt. craniotomy Date of: 5/29/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13154 13154 23

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 507 S. Durham St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Doda

(a) Residence: No. 507 S. Durham St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of

DATE OF BIRTH (month, day, year) May 15 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Doctor.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magnolia Oil Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Julius Doda

14. BIRTHPLACE (city or town) (State or country) Russian Poland

15. MAIDEN NAME Stanislawa Szczantowska

16. BIRTHPLACE (city or town) (State or country) Russian Poland

17. INFORMANT Julius Doda
(Address) 507 S Durham St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem Date June 3rd 1935

19. UNDERTAKER George A Weber
(Address) 705 E Lanvale Ave

20. FILED June 1 - 1935 Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
haematemesis	May 31

Other contributory causes of importance:

Unknown
probably gastric ulcer
not history

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 101 S. Durham St

No. 13155 V F 13155

HEALTH DEPARTMENT—CITY OF BALTIMORE

99787 Med 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jeremiah Chambers

(a) Residence No. 607 N. Eden St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6a. If married, widowed, or divorced HUSBAND of ~~WIFE~~ of Estella (same)

6. DATE OF BIRTH (month, day, year) Aug. 25, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hopkins Hos.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Lem. Date 6/3 1935

19. UNDERTAKER Jacob L. Locke Jr.
(Address) 1202 Jefferson St.

20. FILED JUN 1 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) MAY 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to May 30, 1935

I last saw him alive on May 30, 1935 Death is said to have occurred on the date stated above, at 3 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Vascular Nephritis ~~Uraemia~~ Uraemia	10-15 yrs 1-2 mos.

Other contributory causes of importance:

Hypertension and arteriosclerosis	about 10 yrs.

Name of operation Of one Date of

What test confirmed diagnosis? NPN Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stebbins M. D.
(Address) The Johns Hopkins Hospital.

M. D. B. 1268-9

✓ F 13156

HEALTH DEPARTMENT—CITY OF BALTIMORE

2 99 499

F 13156

CERTIFICATE OF DEATH

46-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 11 Ward)

Length of residence in city or town where death occurred 50 yrs. 4 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry Peterson

(a) Residence: No. 904 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia

6. DATE OF BIRTH (month, day, year) ? 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Elijah Peterson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6/1/35

19. UNDERTAKER Mrs. George E. Kelly
(Address) 1631 Division St. Elkridge
Huntington Parkway, Md.

19. FILED 6-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to May 29, 1935

I last saw him alive on May 29, 1935 Death is said to have occurred on the date stated above, at 2:30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, head of pancreas	10-34

Other contributory causes of importance:

Mitral insufficiency

Jaundice

Name of operation Exploratory laparotomy Date of 5-24-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. Carmichael Tilghman M. D.

(Address) Johns Hopkins Hospital

Spec.—1-30—M. & T.—250 Bks

F 13157

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13157

92-a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 3449 Hanover St. ST. 25 WARD)

2-FULL NAME Edward Reinhardt.

(a) RESIDENCE NO. 3449 Hanover St. ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

6 If married, widowed, or divorced HUSBAND of Mary Helen Reinhardt

7 DATE OF BIRTH (month, day, and year) April 15, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Retired street car repair man. 078

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md.

PARENTS

10 NAME OF FATHER Frederick Reinhardt.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany.

12 MAIDEN NAME OF MOTHER Elizabeth Munck.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany.

14 Informant Emma Rickerds, daughter. (Address) 3449 Hanover St.

15 Filed JUN 1 - 1935 Huntington Hess Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) May 30, 1935

17 I HEREBY CERTIFY, That I attended deceased from January 1935 to May 30th 1935.

that I last saw him alive on May 30th 1935.

and that death occurred, on the date stated above, at 1.45 P. M.

The CAUSE OF DEATH* was as follows:

Valvular disease of the heart.

(duration) 1 yrs. mos ds.

CONTRIBUTORY (Secondary) Acute dilatation of the heart

(duration) yrs. mos. 1 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? None Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

5/31/35 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Holy Cross A A Co	6/3/35 19
20 UNDERTAKER	ADDRESS
John H. Emerson Inc	2215 E

6

M. D. B. 1268-9

F 13158

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13158

CERTIFICATE OF DEATH

+ 50

1. PLACE OF DEATH — Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ~~103 Beechwood Ave~~ Bay View St., ~~70~~ Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Miss Angelina Stafford

(a) Residence: No. 103 Beechwood Avenue St., ____ Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: ~~Single~~ unknown

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary E. Hughes

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Fr. Stafford

(Address) 103 Beechwood Ave

18. BURIAL, CREMATION, or REMOVAL

Place New Cathedral Date 6/3/35, 19

19. UNDERTAKER E. Branning

(Address) 1136 Pulaski Hgwy

20. FILED JUN 1 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31-1935

22. I HEREBY CERTIFY, That I attended deceased from 4-26, 1935 to 5-31, 1935

I last saw her alive on 5-31, 1935 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Bronchopneumonia~~ Carcinoma of left breast with metastases to left lung	?

Other contributory causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas F. Shanahan, M. D.

(Address) St. Agnes Hospital

M. D. P. 1208-2

F 13159

F 13159

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals

CITY OF BALTIMORE: (No.) St., 78 Ward)

Registered No. 190

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Anderson

(a) Residence: No. 920 E. Baltimore Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced, HUSBAND of (or WIFE of): Mary Anderson

6. DATE OF BIRTH (month, day, year): ?

7. AGE: Years: 45; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Shoemaker ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: 14 ?

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Anderson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Hannah Jenney

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 3, 1935

19. UNDERTAKER: Mrs Katie F. Williams

(Address) 322 N. Schroeder St.

FILED JUN 1 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 29, 1935

22. I HEREBY CERTIFY, that I attended deceased from March 26 35 to May 29 1935

I last saw him alive on May 28 1935 and death is said to have occurred on the date stated above at 4:15 am

The principal cause of death and related causes of importance were as follows:

Cancer of Larynx 3 mos

post lite

Date of onset: 3/1/35

Other contributory causes of importance:

Heart disease

Rheumatism (?)

Name of operation None Date of

What test confirmed diagnosis? — Was there an autop[sy]

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel A. Levin M. D.

(Address) Balto City Hosp

M. D. B. 1268

F 13160

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13160

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 209 Rockeby St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs L. Nicholson

(a) Residence: No. 209 Rock St., St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 1, 1925

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gen

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Edmonds Md

FATHER

13. NAME William Nicholson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Ethel Summers

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Ethel Summers
(Address) 209 Rock St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Date June 1, 35

19. UNDERTAKER Mrs Katie R Williams
(Address) 3-2 N Schroeder St

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14 19 to May 29th 19 35

I last saw h alive on May 29 1935 Death is said to have occurred on the date stated above, at 5:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lungs & Chronic Nephritis	March 14th
Other contributory causes of importance: Tuberculosis	Year

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 13161

F 13161

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

349-18.

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 18 Ward)

Length of residence in city or town where death occurred Life. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Annie Reed.

(a) Residence: No. 226 Cook. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Charles.

6. DATE OF BIRTH (month, day, year): 1909.

7. AGE: Years: 26; Months: ; Days: ; If LESS than 1 day, hrs. or min.: ; .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private 0021

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

MOTHER FATHER

13. NAME: Harry.

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Ella Jones.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Chase, Md. Date June 2, 19 35

19. UNDERTAKER: Mrs Katie R Williams

(Address) 322 E Saratoga St.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1935 to 5/29, 1935

I last saw her alive on 5/29, 1935 Death is said to have occurred on the date stated above, at 5 45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, meningo-coccus (?)	1 day
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyer, M. D.

(Address) Balto City Hosp.

M. D. R. 1268-9

99547 E 13162 E 13162

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ x 46-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond Wallace

(a) Residence: No. Columbia Road St., Ward. Lakeland Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	black	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 5/27/85

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
50	49		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) D.C.

13. NAME Harry Wallace

14. BIRTHPLACE (city or town) (State or country) N.C

15. MAIDEN NAME Mary Wood

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn De

19. UNDERTAKER Malvin J. Kelly Inc
(Address) 424 R[illegible] St NW
765 [illegible]

20. FILED ... 19 ... Registrar

JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935, to May 29, 1935
I last saw him alive on May 29, 1935. Death is said to have occurred on the date stated above, at 5 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of oesophagus with tracheo oesophageal fistula	about Dec. 1934
Other contributory causes of importance: Amoebic dysentery ?	Sept. 1934

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

M. D. F. 3268

F 13163

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13163

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 11 Ward)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas K. Lynch

(a) Residence: No. 817 St. Paul St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Louise H. Lynch.

7. DATE OF BIRTH (month, day, year) Dec. 5, 1869

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	5	25	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper Man

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sun

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. York

FATHER

13. NAME William J. Lynch

14. BIRTHPLACE (city or town) (State or country) N. York

MOTHER

15. MAIDEN NAME Elizabeth J. Frye

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Louise H. Lynch

(Address) 817 St. Paul St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date 6/3 1935

19. UNDERTAKER Chas. P. Cohen & Bro.

(Address) 318 Light St.

20. FILED 6/4 1935 Hector Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) 5/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1935, to 5/30, 1935

I last saw h alive on 5/20, 1935. Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

Encephalitis;

Bronchopneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Jos. Smith. M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

F 13164

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13164

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1315 Light St., 24th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Isabel Farris

(a) Residence: No. 1315 Light St., 24 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or) WIFE of: Oliver L. Farris

7. DATE OF BIRTH (month, day, year): 12/30/1878

8. AGE — Years: 56 57 | Months: 5 | Days: 30 d | If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: George Roberts

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

15. MAIDEN NAME: Mary Boyce

16. BIRTHPLACE (city or town) (State or country): Baltimore Md.

17. INFORMANT: Oliver L. Farris

(Address): 1315 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Date: 6/3/1935

19. UNDERTAKER: Wm. F. Gaithers

(Address): 1400 Light St.

20. FILED: JUN 1 - 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 30/35. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1/35. 19 ... to May 30/35. 19 ... I last saw her alive on May 29/35. 19 ... Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitis	10yrs
Other contributory causes of importance:	
Chronic Paranchymatous Nephritis.	10yrs

Name of operation: None Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Henry Neely Chenoweth M. D.

(Address) 1933 Hanover

13165 F 13165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-347

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 14 Ward)

Length of residence in city or town where death occurred 13 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Richard Barnes

(a) Residence: No. 1519 Myrtle Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Maria.

6. DATE OF BIRTH (month, day, year): 4/28/1883.

7. AGE: Years 52. Months ..... Days 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Henry Barnes.
14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER
15. MAIDEN NAME: Hennie ?
16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Zion Cem'y Md. Date 6/1/35 19

19. UNDERTAKER: Robert F. Williams
(Address) 1515 McCulloh St

(Filed) ..... Registrar

1-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/27, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1935 to 5/27, 1935

I last saw him alive on 5/27, 1935 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General paresis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

F 13166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Minnie Gertz

(a) Residence: No. 3204 Auchentoroly Terrace St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) —

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 6-8-25

8. AGE: Years 9½ | Months 11 | Days 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Isadore Gertz

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Sarah Itachieff

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Rosedale Date 6/2/35. 19

19. UNDERTAKER Sut Lewis Inc

(Address) 1435 E. Balto St.

21. FILED 1835 Huntington Ave, Williams, Registrar. M.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935 to May 31, 1935

I last saw her alive on May 31, 1935 Death is said to have occurred on the date stated above, at 9.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Staphylococcus Meningitis	5/24
Other contributory causes of importance:	
T.B. Mastoiditis	5/14/35

Name of operation Mastoidectomy Date of 5/25

What test confirmed diagnosis? C. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wendelmoe E. Morris, M. D.

(Address) Johns Hopkins Hosp

M. D. R. 1268-9

13167 F 13167

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-13

1. PLACE OF DEATH Levindale

CITY OF BALTIMORE: (No. Hebrew Home for aged & Infirm Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 75 yrs. mos. ds.

2. FULL NAME Emma Goldstein

(a) Residence: No. (Usual place of abode) St., Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edel. Goldstein

6. DATE OF BIRTH (month, day, year) 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Frock

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mollie

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Hurtlaub.

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Cem. Date 6/2/35 19

19. UNDERTAKER Jack Levin

(Address) 1439 E. Baltimore St.

20. FILED 6/1/1935 19 Remington Thomas Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20 1935 to May 31 1935

I last saw her alive on May 31 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Hypertension Arteriosclerosis	

Other contributory causes of importance: Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H Edmund Levin M. D.

(Address) Levindale

3168

F 13168

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Altamont Stolid 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. 3 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

82-3-15.

2. FULL NAME Mary Eliza Taylor Mackenzie

(a) Residence: No. Altamont Stolid St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Feb 16 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Balto. Maryland

13. NAME Thomas Mackenzie

14. BIRTHPLACE (city or town) (State or country) Balto. Maryland

15. MAIDEN NAME Eleanora Brevitt

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Mrs Katharine M. Brevitt (sister)
(Address) Altamont Stolid.

18. BURIAL, CREMATION, OR REMOVAL. Place Friends Burying Ground Date Jun 3 35

19. UNDERTAKER Edward H. Mong Co.
(Address) 108 W. Mosher Ave.

20. FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 19 1932 to May 31 1935

I last saw h w alive on May 31 1935 Death is said to have occurred on the date stated above, at 8 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	May 31-35
Other contributory causes of importance: Chronic endocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there autopsy? No

23. If death was due to external causes (violence) state in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Chas W. Lagorio M. D.

(Address) 1327 Park Ave

H. D. P. 1269-9

F 13169

13169 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1617 Eutaw Pl St., 14 Ward)

Length of residence in city or town where death occurred 7 yrs. 4 mos. 17 ds. How long in U. S. If of foreign birth 2 yrs. mos. ds. 72-4-12

2. FULL NAME Johanna Elizabeth Kraus

(a) Residence: No. 1617 Eutaw Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis Kraus.

7. DATE OF BIRTH (month, day, year): Jan 19 1863

8. AGE: Years 72 | Months 4 | Days 12 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

12. BIRTHPLACE (city or town) (State or country): Balto. Maryland

13. NAME Christopher Thon

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Caroline Kunkel

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Carlton Mullikin (daughter)
(Address) 2926 Pressman St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 3 19 35

19. UNDERTAKER: Stewart & Morris Co.
(Address) 1615 W Franklin St.

20. FILED - 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from for years 19 to May 31 1935

I last saw her alive on May 31 1935 Death is said to have occurred on the date stated above, at 10.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (apoplexy)	5/22/35
Other contributory causes of importance: (acute endocarditis. Uraemia	5/25/35

Name of operation none Date of

What test confirmed diagnosis Autopsy? there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) N H Stanghurn M. D.

(Address) 714 Park Ave, Baltimore

M. D. B. 1268-9

F 13170

13170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew M Kelly

(a) Residence: No. 4 Beverly Ave, Parkville Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary E. Kelly

7. DATE OF BIRTH (month, day, year) June 15, 1882

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Mnf'g

10. Date deceased last worked at this occupation (month and year) 2 days

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John P. Kelly

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Katherine T. Muldowney

16. BIRTHPLACE (city or town) (State or country) Richmond, Va.

17. INFORMANT Mary E. Kelly

(Address) Taylors Beverly Ave

18. BURIAL, CREMATION, OR REMOVAL

Woodlands Memorial Date June 3, 1935

19. UNDERTAKER Leonard J. Peach

(Address) 5305 Harford Rd.

20. FILED Huntington Williams, Registrar

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to May 30, 1935

I last saw h[illegible] alive on May 30, 1935 Death is said to have occurred on the date stated above, at 5:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute perforated appendicitis	
Sub diaphragmatic peritonitis	5/27/35

Other contributory causes of importance:

Name of operation Laparotomy and drainage Date of 5/28/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Stanley Jr M. D.

(Address) University Hospital

H. D. P. 1268-9

F 13171

3171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4707 Frankford Ave. St., 26 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles L. Barber

(a) Residence: No. 4707 Frankford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edna M. Sheckells

7. DATE OF BIRTH (month, day, year) Oct. 31, 1894

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffuer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gov't

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. D.C.

FATHER

13. NAME William M. Barber

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Anna M. Burr

16. BIRTHPLACE (city or town) (State or country) Wash. D.C.

17. INFORMANT Edna M. Sheckells (Address) 4707 Frankford Ave.

18. BURIAL, CREMATION, OR REMOVAL Place New Fallsmead Date 6/3/35, 19

19. UNDERTAKER Leonard J. Clark (Address) 5307 Harford Rd.

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 '34 to May 31 '35

I last saw him alive on May 31 1935. Death is said to have occurred on the date stated above, at 12:35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B 1268-9

F 13172

3172

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ida Blankman

(a) Residence: No. 2200 Whittier Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Jacob Blankman

DATE OF BIRTH (month, day, year) April 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 00 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Unknown Russia

13. NAME Samuel Goldberg

14. BIRTHPLACE (city or town) (State or country) Unknown Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Russia

17. INFORMANT Jacob Blankman

(Address) 2200 Whittier Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date June 2 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

Huntington Williams, Mgr

FILED - 1935 AFH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Brain	1 Year

Other contributory causes of importance:

Name of operation Decompression of Skull Date of June 1-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

M. D. P. 1268-0

13173

✓ F 13173

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 145 W. Hennetta St. 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Sidney

(a) Residence: No. 145 W. Hennetta St., 23 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Emma E. Sidney

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Sidney

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Emma E. Sidney

(Address) 145 W. Hennetta St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date June 2, 1935

19. UNDERTAKER Isaac L. Brown Sons

(Address) 1018 W. Monroe St

20. FILED Huntington Pollard Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 35

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to May 30, 1935.

I last saw him alive on May 30, 35. Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/24

Other contributory causes of importance:

Name of operation no Date of —

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) W. P. Carroll M. D.

(Address) 1907 W. Fayette St

F. D. B. 1268-9

✓ F 13174

13174

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2131 N. Calvert St. St., 17 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Agnes T. Sherwood

(a) Residence: No. 2131 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Sydney Sherwood

DATE OF BIRTH (month, day, year) Mar. 1, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Faquier County Va.

13. NAME John Thomas Smith

14. BIRTHPLACE (city or town) (State or country) Faquier County Va.

15. MAIDEN NAME Margaret Lewis Marshall

16. BIRTHPLACE (city or town) (State or country) Faquier County Va.

17. INFORMANT Miss Georgia Day Sherwood

(Address) 2131 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date June 3, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 - , 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 - , 1927 to May 31 - , 35

I last saw her alive on May 31, 1935 Death is said to have occurred on the date stated above, at 4.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion -	May 31.35
Arteriosclerosis.	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify .....

(Signed) Chas W. Cassard, M. D.

(Address) 1327 Park Ave.

D. P. 1268-3

F 13175

1315-D
995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 29-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 7 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John H Rivers

(a) Residence: No. Columbia S.C. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Cooper

DATE OF BIRTH (month, day, year) 1/26/98

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telep. Maintance

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (city or town) (State or country) S. C.

13. NAME Bentley Rivers

14. BIRTHPLACE (city or town) (State or country) S. C

15. MAIDEN NAME Lana Campbell

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT (Address) Records Chas R. Rivers JOHNS HOPKINS HOSPITAL Columbia S.C.

18. BURIAL, CREMATION, OR REMOVAL. Place Columbia S.C. Date June 2 35

19. UNDERTAKER (Address) Olyn C. Mitchell Sons 900 Eutaw Pl.

20. FILED 2-1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20 1935 to June 1 1935

I last saw h alive on June 1 1935 Death is said to have occurred on the date stated above, at 4 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain abscess, multiple	March 1935
Staphy Aureus meningitis	

Other contributory causes of importance:

Name of operation Removal of abscess Date of April 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) The Johns Hopkins Hospital

F 13176

H. D. P. 1268-B

3176

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Geraldine Clark

(a) Residence: No. 117 N. Clement St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: single

6. DATE OF BIRTH (month, day, year): Sept 27, 1934

7. AGE: Years | Months: 8 | Days: 7 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: single

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Edna Clark

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Hilda Evans

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: John Clark

(Address): 117 N. Clement St

18. BURIAL, CREMATION, OR REMOVAL. Place: Cedar Hill Date: June 3, 1935

19. UNDERTAKER: A. Raymond Evans

(Address): 1201-03 E. Lanvale St

20. FILED: June 3, 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1935, to June 1, 1935

I last saw her alive on June 1, 1935. Death is said to have occurred on the date stated above, at 11:02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	2 mo
Bronchial pneumonia.	2 days

Other contributory causes of importance:

Upper Respiratory infection	3 wk.

Name of operation ——— Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Lauriston L. Brown, Jr. M. D.

(Address) University Hospital.

M. D. P. 1268-9

13177 ✓ F 13177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH Union Memorial Hospital 17 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. William Boyd Wilson

(a) Residence: No. 3120 St. Paul St. St., ... Ward, Louisville Ky
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Wm Boyd Wilson

6. DATE OF BIRTH (month, day, year): Dec 24, 1874

7. AGE: Years: 60 y. | Months: 5 | Days: 8 | If LESS than 1 day, ... hrs. or ..... min.: 7

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Newton Kansas

FATHER
13. NAME: Henry Mayer
14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER
15. MAIDEN NAME: Emma Rocking
16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Wm Boyd Wilson 3120 St Paul st.

18. BURIAL, CREMATION, OR REMOVAL
Place: Cave Hill Cemetery Date: June 7, 1935
Louisville Ky
19. UNDERTAKER (Address): Elsner N. Conklin 724 Eager st Huntington W. Va.

FILED 6-2-1935. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935, to June 1, 1935
I last saw her alive on June 1, 1935. Death is said to have occurred on the date stated above, at 11 30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerotic Heart disease	?
Pulmonary Oedema	?
Auricular fibrillation.	?

Other contributory causes of importance:

Name of operation UMC Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury — , 19 ..

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry M. Hansen, M. D.

(Address) Union Memorial Hospital.

H. D. B. 1268-9

F 13178

13178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1712 McCulloh St., 14 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Solomon Rainey

(a) Residence: No. 1712 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Samuel F. Rainey

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carrie Rainey
(Address) 1712 McCulloh

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lauriel Date 6/2/35 19

19. UNDERTAKER Wm. Lyons F. Sollod
(Address) Huntington Terrace, N.W.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to May 31, 1935

I last saw him alive on May 29, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? Urinalysis Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. S. McCaul, M. D.

(Address) 2029 Druid Hill Ave

H. D. P. 1268-9

F 13179

HEALTH DEPARTMENT—CITY OF BALTIMORE

98292 13179

CERTIFICATE OF DEATH

× 23

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 44 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Winkle

(a) Residence: No. Rocky Crest St., ... Ward. Olean N York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Anna

DATE OF BIRTH (month, day, year) 6-9-75

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.Y.

13. NAME Bartley Winkle

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Mackin

16. BIRTHPLACE (city or town) (State or country) N.Y.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date June — 30"

19. UNDERTAKER Wm J Tuckson & Sons
(Address) Natl. Bk.

20. FILED 1935 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1935 to June 2, 1935

I last saw h im alive on June 2, 1935 Death is said to have occurred on the date stated above, at 355 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis ulcerated — Date of onset 1930

Other contributory causes of importance:

Pulmonary hemorrhage ?

Name of operation 5-2-35 Ligation Pulmonary Artery & Bronchus 5-27-35 Artery Left — Date of operation

What test confirmed diagnosis? yes Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Dean D Lewis, M. D.

(Address) Johns Hopkins Hosp.

M. D. B. 1268-9

✓ F 13180

3180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 S. Poppleton St., 18 Ward)

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Palmer Hamlin

(a) Residence: No. 117 S. Poppleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie M. Hamlin

6. DATE OF BIRTH (month, day, year) March 3, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	2	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 1073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O RR Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Point Maryland

13. NAME Thomas Hamlin

14. BIRTHPLACE (city or town) (State or country) North Point Maryland

15. MAIDEN NAME Ann Crouch

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT (Address) Mr. Leroy P. Hamlin 117 S. Poppleton St.

18. BURIAL, CREMATION, OR REMOVAL Place Western Cemetery Date June 3, 1935

19. UNDERTAKER (Address) 1503 E. Baltimore St.

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/20/35, 19..., to 5/30/35, 19...

I last saw h... alive on 5/30/35, 19... Death is said to have occurred on the date stated above, at 11.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	4 yrs.

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Bernard J. Tenny, M. D.

(Address) 910 W. Lombard St.

F. D. B. 1268-9

3181

✓ F 13181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1000 Glyndon Ave. St., 21 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Smith

(a) Residence: No. 1000 Glyndon Ave. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifford H. Smith

6. DATE OF BIRTH (month, day, year) June 28, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	54	11	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 60 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Ashland Virginia
(State or country)

13. NAME Jesse Hall

14. BIRTHPLACE (city or town) Ashland
(State or country) Virginia

15. MAIDEN NAME Betty Wells

16. BIRTHPLACE (city or town) Ashland
(State or country) Virginia

17. INFORMANT Mrs. Louise Seward
(Address) 1000 Glyndon Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date June 5, 1935

19. UNDERTAKER Geo. W. Baltimore St.
(Address)

20. FILED 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 23, 1935 to May 31, 1935

I last saw h.. alive on May 29, 1935 Death is said to have occurred on the date stated above, at 11.15A m.

The principal cause of death and related causes of importance were as follows: Pneumonia Date of onset 6 Weeks

Other contributory causes of importance: Apoplexy. 5 hrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) R. J. Glass M. D.

(Address) 6708 Rolling Ferry Road

M. D. P. 1268-9

F 13182

3182

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

CITY OF BALTIMORE: (No. Lot St., 25 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosella Schawn

(a) Residence: No. 3804 Fed St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: (HUSBAND of) (or) WIFE of Joseph Schawn

6. DATE OF BIRTH (month, day, year) June 21 1882

7. AGE: Years 52 | Months 11 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 3

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Martin Ford

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Ellen McConnell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 3 1935

19. UNDERTAKER John A Myers
(Address) 3000 E. Balto St.

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 31 1935

I last saw her alive on May 31 1935 Death is said to have occurred on the date stated above, at 1.20 am

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix Uteri 9 ?

Date of onset

Other contributory causes of importance:

Broncho-pneumonia 5/24/35

Implantation of Radium Date of operation 5/15/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signature) Samuel H Engel M. D.

(Address) Balto City Hosp

H. D. B 1208-9

13183

F 13183

HEALTH DEPARTMENT—CITY OF BALTIMORE

124B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Homewood Apartments Charles & 31st St., 12 Ward)

Length of residence in city or town where death occurred About 68 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Margaret Lucretia Glines

(a) Residence: No. Homewood Apartments St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Stephen D. Glines

7. DATE OF BIRTH (month, day, year) --------

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	About 68	----	----	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Albert V. Ramey

14. BIRTHPLACE (city or town) --------
(State or country) Virginia

15. MAIDEN NAME Elizabeth Vane

16. BIRTHPLACE (city or town) ---------
(State or country) Not obtainable

17. INFORMANT Stephen D. Glines

(Address) Homewood Apartments

18. BURIAL, CREMATION, OR REMOVAL
Place Green Mount Cem. Date 6/3 35

19. UNDERTAKER Kennedy Mortuary Inc
(Address) 508 W. Baltimore St.

20. FILED -1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1934, to 5-31, 1935

I last saw h KR alive on 5-31, 1935. Death is said to have occurred on the date stated above, at 2.45 P m.

The principal cause of death and related causes of importance were as follows:

(a) CIRRHOSIS OF LIVER — Date of onset 1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L Dorsey, M. D.

(Address) 1129 St Paul St

M. D. F 1268-9

✓ F 13184

13184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward) 19

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles C. Hanson

(a) Residence: No. 230 S. Gilmore St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Hanson (nee Purdy)

7. DATE OF BIRTH (month, day, year) Feb. 11, 1874.

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Hanson

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Barbara L. Stettler

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Ella Hanson

(Address) 230 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 3, 1935

19. UNDERTAKER Harry A. Stettler

(Address) 101 Edmondson Ave.

20. FILED 1935 Huntington Hosp. Wilmington, N.C. & Ky

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1935, to 5-31, 1935

I last saw him alive on 5-31, 1935 Death is said to have occurred on the date stated above, at 5:25 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abdominal adhesions	
chronic appendicitis	

Other contributory causes of importance:

Acute cardiac failure

Name of operation Release of adhesions Date of 5-27-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify

(Signed) Philip A. Dooley, M. D.

(Address) Maryland Gen. Hosp.

F 13185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,
CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 25 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Antone Joseph Sousa

(a) Residence: No. 1317 Patapsco Ave., Brooklyn St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (~~WIFE~~) of Dolores Rivera Sousa

7. DATE OF BIRTH (month, day, year) April 26, 1889

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	1	4	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Gunner 0086

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coast Guard Service

11. Date deceased last worked at this occupation (month and year) April 30, 1935

12. Total time (years) spent in this occupation 30

13. BIRTHPLACE (city or town) (State or country) New Bedford, Mass.

14. NAME John Joseph Sousa

15. BIRTHPLACE (city or town) (State or country) Madeira, Spain

16. MAIDEN NAME Rosa Geana

17. BIRTHPLACE (city or town) (State or country) Lisbon, Portugal.

18. INFORMANT U. S. Marine Hospital,
(Address) Baltimore, Maryland.

19. BURIAL, CREMATION, OR REMOVAL
Arlington, Virginia Date June 3 1935

20. UNDERTAKER E. Leroy Stubbs, Inc.
(Address) 125 E. North Ave.

FILED 19 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20th 1935 to May 30th 1935
I last saw him alive on May 30th 1935 Death is said to have occurred on the date stated above, at 10:25p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	unk.
Valvular heart disease, aortic and mitral -	unk.
Endocarditis, septic (strepveridans)	4-27-35

Other contributory causes of importance:
none

Name of operation none Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) W. H. Gordon M. D.
Wm. H. Gordon, U.S. Marine Hosp., Balto. Md.

F 13186

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13186

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH ST. JOSEPH'S HOSPITAL
CITY OF BALTIMORE: (No. BALTIMORE, MD St., 1 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Hartman

(a) Residence: No. 2504 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of (or WIFE of) Rose Hartman

DATE OF BIRTH (month, day, year) Sept 2 187[illegible]

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Killian Packing Co
10. Date deceased last worked at this occupation (month and year) May 1935
11. Total time (years) spent in this occupation 2.

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME William Hartman
14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Rose Hartman
(Address) 2504 Hudson St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date June 3rd 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 Hunting Town Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1935 to June 1 1935
I last saw him alive on June 1 1935 Death is said to have occurred on the date stated above, at 9 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Carcinoma of stomach	
Other contributory causes of importance:	
1. Pneumonia - post-operative	

Name of operation Resection stomach Date of 5-29-35
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [signature] M. D.
(Address) ST. JOSEPH'S HOSPITAL BALTIMORE, MD

F 13187

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13187

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Levin Phillips

(a) Residence: No. 2804 Guilford Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or WIFE of) Mrs. Alverda Phillips

DATE OF BIRTH (month, day, year) Aug. 20, 1863

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	71	8 1/2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufactures 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Soft drink Mfg. Co.

10. Date deceased last worked at this occupation (month and year) May, 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Missouri

13. NAME Levin Phillips

14. BIRTHPLACE (city or town) (State or country) Missouri

15. MAIDEN NAME Amara Tall

16. BIRTHPLACE (city or town) (State or country) Missouri

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date June 5th 1935

19. UNDERTAKER (Address) Wm. Cook 1217 St Paul St

20. FILED June 5 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935 to June 2, 1935

I last saw him alive on June 2, 1935 Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Appendicitis, acute, with perforation	5-25-35
Peritonitis, generalized	5-25-35
Other contributory causes of importance: Myocarditis, chronic	
Pneumonia, post-operative	5-30-35

Name of operation Appendectomy Date of 5-26-35

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hugh C. Hampton, M. D.

(Address) Church Home & Infirmary

F 13188

F 13188

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland Gen. Hospl

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jack Smith.

(a) Residence: No. 867 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6a. If married, widowed, or divorced: HUSBAND of ..... (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Aug. 10, 1934

7. AGE: Years 0 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min. .....

9 mos.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John C Smith.

14. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

15. MAIDEN NAME Margaret Clark

16. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

17. INFORMANT John C. Smith (Address) 867 Park Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date June 4th 1935

19. UNDERTAKER Wm Cook (Address) 1217 E Paul St

20. FILED JUN 3 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/11/35 to 6/2/35

I last saw him alive on 6/2 1935 Death is said to have occurred on the date stated above, at 3 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Otitis Media.	5/11/35
Bilateral mastoiditis	

Other contributory causes of importance:

Cerebral meningitis.	5/29/35
Streptococcus septicemia.	

Name of operation Mastoidectomy Date of 5/26/35

What test confirmed diagnosis? Surg Was there an autopsy? None

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H C Proctor M. D.

(Address) Md Gen Hospital

D. B 1208-2 F 13189 B 13189

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 901 N. Fulton Ave 6 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary S. Misner

(a) Residence: No. 901 N. Fulton Ave Ward. Garfield Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ (or) WIFE of Harvey Misner

DATE OF BIRTH (month, day, year) Dec 29th 1888

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or .... min.
46	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) May 28th 1935

11. Total time (years) spent in this occupation 2 yr.

BIRTHPLACE (city or town) (State or country) Point of Rocks Md

13. NAME Lewis H. Cross

14. BIRTHPLACE (city or town) (State or country) Loudon Co Va

15. MAIDEN NAME Josephine Haines

16. BIRTHPLACE (city or town) (State or country) Sample Manor Md

INFORMANT Harvey Misner

(Address) Lantz Md R.F.D. #1

BURIAL, CREMATION, OR REMOVAL

Place R.I. Cemetery Garfield Md Date June 3rd 1935

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 5.50 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Bowels — Date of onset Indefinite

Other contributory causes of importance:

Debilitated Condition Caused by Disease and Operation

Name of operation Colostomy Date of Feb 1934

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A Kann M. D. Coroner

(Address) 1215 Hanover St

D. B 1[illegible] F 13190 F 13190

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., [illegible] (Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Warren Furlong

(a) Residence: No. 3302 Hudson St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Florence V. Furlong

7. DATE OF BIRTH (month, day, year) Oct 16th 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	7	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer 0030

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc. Bethlehem Steel Works

10. Date deceased last worked at this occupation (month, day, year) 1934 — | 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Joseph Furlong

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Florence Furlong

(Address) 3302 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date June 3rd 1934

19. UNDERTAKER Wm Cook

(Address) 1219 St Paul St

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31st 1934

22. I HEREBY CERTIFY, That I attended deceased from ~~[illegible]~~, 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7.45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Non suppurative	
Other contributory causes of importance:	
Cerebral abscess	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) A. F. Wright Coroner, M. D.

(Address) 1010 S. Edwards Ave

F 13191 ✓ F 13191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 342 82-W

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME August Schmanske
(a) Residence: No. 30 S. Franklintown Rd. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widowed.

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Viola.

DATE OF BIRTH (month, day, year) 10/22/72.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62.	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milwaukee

13. NAME August Schmanske
14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME ? Radisky
16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Records BCH.
(Address) 6/4

18. BURIAL, CREMATION, OR REMOVAL
Place Forest Lawn Date 6/[illegible] 1935

19. UNDERTAKER J. J. Fahey Son
(Address) 1318 Eastern Ave.

FILED JUN 13 1935 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/29, 1933 to 5/29, 1935
I last saw him alive on 5/29, 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 days
Cerebral hemorrhage	11 days
Other contributory causes of importance:	

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp.

F 13192 ✓ F 13192

4963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL
CITY OF BALTIMORE: (No. ..... St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Haardt Mencken
(a) Residence: No. 714 Cathedral St., St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (Wife) of Henry L. Mencken

DATE OF BIRTH (month, day, year) 3/1/98

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	2	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ala -
13. NAME John A. Haardt
14. BIRTHPLACE (city or town) (State or country) Ala
15. MAIDEN NAME Virginia Hall
16. BIRTHPLACE (city or town) (State or country) Ala
17. INFORMANT Records -
(Address) JOHNS HOPKINS HOSPITAL
18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date June 3 - 1935
19. UNDERTAKER Henry W. Jenkins Sons Co
(Address) Cathedral & Madison Sts
FILED 6-3-1935 E. [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935
22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935 to May 31, 1935
I last saw her alive on May 31, 1935 Death is said to have occurred on the date stated above, at 6:20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous Meningitis	5-28-35
Other contributory causes of importance:	
None	

Name of operation None Date of
What test confirmed diagnosis? S. P. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Morgan Cutter M. D.
(Address) Johns Hopkins Hosp.

D. B. 1268-9

13193 HEALTH DEPARTMENT—CITY OF BALTIMORE 13193

CERTIFICATE OF DEATH

181

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Hospital St. Dupont Ward)

Length of residence in city or town where death occurred 30 yrs. 4 mos. 30 days. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Charles Meyer

(a) Residence: No. 4409 St. Thomas Ave. St., Ward. Gudenville, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lula M. Meyer

DATE OF BIRTH (month, day, year): January 1, 1905

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	4	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Electrician 029

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Western Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Charles C. Meyer

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Catherine Miller

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

INFORMANT: Lula M. Meyer

(Address): 4409 St. Thomas Ave.

BURIAL, CREMATION, OR REMOVAL

Place: Parkwood Cem. Date: June 3, 1935

UNDERTAKER: Philip Herzog Sons

(Address): 2016 Orleans St. 3rd floor

FILED: 1935, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Scalding 2nd + 3rd degree burns of entire body	1 Day

Other contributory causes of importance:

Shock

Name of operation: Debridement of Burnt Skin Date of: May 31-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury: May 31, 1935

Where did injury occur? Western Electric Co. Point Breeze - Balto. Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Industry - Western Electric Co.

Manner of injury: Escape of Steam + Hot Water from Pipe

Nature of injury: 2nd + 3rd degree burns of body.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. P. 1268-9

Schwenk

F 13194

F 13194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. 19 St., 81 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? 70 yrs. mos. ds.

2. FULL NAME Albert Schwenk

(a) Residence: No. 2225 Brice St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Schwenk

6. DATE OF BIRTH (month, day, year) Oct 10, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	7	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Jacob Schwenk

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Caroline Butchert

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Westminster Cem. Date 6/3/35

19. UNDERTAKER H. H. Waltz

(Address) 1101 Edmondson Ave

20. FILED JUN 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 35

I HEREBY CERTIFY, That I attended deceased from April 16, 35 to June 1, 35

I last saw him alive on May 31, 35 and that death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy, Bulbar

Date of onset

Other contributory causes of importance: Bronchopneumonia 5/29/35

Name of operation Cystostomy Date of 5/28/35

What test confirmed diagnosis? — Was there an autopsy? No

22. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jerrell E. Gosnell M. D.

(Address) Balto City Hospitals

M. D. F 13195 (1-20-3)

F 13195

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 616 Archer St

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah J Gray

(a) Residence: No. 616 Archer St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: Col

5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND (or) WIFE of: Charles Gray

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 45 | Months — | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as cotton mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Benjamin Saunders

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Rhoda Heath

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Charles Gray

(Address) 616 Archer St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 3 1935

19. UNDERTAKER Mrs. Katie R. Williams

(Address) 322 N. Schroeder St

20. FILED JUN 2 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/25 19 35 to 5/30 19 35

I last saw her alive on 5/30 19 35 Death is said to have occurred on the date stated above, at 3P m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Senescence

Date of onset

Name of operation ..... Date of

What test confirmed diagnosis? Physical Sign Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. Gilman Kinsman M. D.

(Address) 501 Winchester

D. B. 1268-3

F 13196 ✓ F 13196

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 W. Lexington St. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Prucey E. Johnson

(a) Residence: No. 1015 W. Lexington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed or divorced, HUSBAND of Sarah Johnson

DATE OF BIRTH (month, day, year) June 1 1878

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	11	30	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME OF FATHER Wm. Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Rachel Cowan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Oscar Johnson

(Address) 616 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/4/35 19

19. UNDERTAKER Mrs Katie R. Williams

(Address) 222 N. Schroeder St

Filed 6-3-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1925 to May 31 1935

I last saw him alive on May 30 1935 Death is said to have occurred on the date stated above, at 9.20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
Intestines	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Microscopic Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frank E. Hopkins M.D.

(Address) 627 Lexington St

F 13197 ✓ F 13197

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eleanor Dew Jones.

(a) Residence: No. 202 N Arlington Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of James.

DATE OF BIRTH (month, day, year) 12/5/?

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60 ?	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Daywork.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME Wm. Morehead

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lavinia Chew.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ricardo Bell.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 4. 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Schroeder St.

20. FILED 6-3-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31. 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1. 1932 to 5/31. 1935

I last saw her alive on 5/31. 1935 Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter. M. D.

(Address) Balto City Hosp.

D. P. 1268-B

F 13198

F 13198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

91-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Sinai Hospital

CITY OF BALTIMORE: (No. 1613 St Paul St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Shaw

(a) Residence: No. 1613 St Paul. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

7. DATE OF BIRTH (month, day, year) Oct 12 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	7	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bank Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME John A Shaw

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Alice Sumner

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mother

(Address) 1613 St Paul St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn, Date Jan 4, 1935

19. UNDERTAKER Josiah Lyles

(Address) Dessen Ave.

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/20, 1935 to 6/1/35, 19

I last saw him alive on 6/1, 1935. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	
Congenital heart disease	
Staph. Septicemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Arthur C. Kalnicki, M. D.

(Address) Sinai Hosp

F 13199

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 35 South Culver St., 70 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Thomas Davis

(a) Residence: No. 35 South Culver St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of M. Irene Davis

7. DATE OF BIRTH (month, day, year) Dec 6-1887

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumbing Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Denver Colorado

13. NAME OF FATHER Thomas Davis

14. BIRTHPLACE (city or town) (State or country) Colorado

15. MAIDEN NAME OF MOTHER

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT M. Irene Davis (Address) 35 S. Culver St

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Cem Date June 1935

19. UNDERTAKER P.H.C. Bm. Walter (Address) Pratt Street

20. FILED 6-3-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on June 1 19.... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset

Other contributory causes of importance:

Myocardial Attack (a month ago) (First Trouble)

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. W. Blackburn M. D. Coroner

(Address) 1939 Edmondson Ave

F 13200

F 13200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2223 Mt Holly St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Gorman,

(a) Residence: No. 2223 Mt Holly St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Emily Merryman Gorman,

DATE OF BIRTH (month, day, year) August 21, 1891

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Gas Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Michael J. Gorman,

14. BIRTHPLACE (city or town) (State or country) New York City. N.Y.

15. MAIDEN NAME Mary C. Deven,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Emily M. Gorman
(Address) 2223 Mt Holly St.

18. BURIAL, CREMATION, OR REMOVAL JUN 4 1935
Place Druid Ridge Date 19

19. UNDERTAKER Robert S. Slade
(Address) 2700 Edmondson Ave.

20. FILED JUN 3 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 1 1935 19

22. I HEREBY CERTIFY, That I attended deceased from May 11 19 35 to June 1 19 35.

I last saw h alive on June 1 19 35. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1/35
Other contributory causes of importance:	
Pneumonia Lobar	May 11/35

Name of operation None Performed Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Walter L. Corbett M. D.

(Address) 2220 Harrison Blvd

D. B 1268-9

13201 ✓ 13201

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occucced in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 643 S. Streeper St., 1 Ward)

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Veronika Leisiecki-Lesiecki

(a) Residence: No. 643 S. Streeper St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Ignancy Leisiecki

6. DATE OF BIRTH (month, day, year) Jan 25 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Lenna Poland

13. NAME OF FATHER John Kontuski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME OF MOTHER Anna Levinduska

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Carmelia Wallace

(Address) 603 S. Eaton st

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date June 4, 1935

UNDERTAKER Martin W. E. Deppel

(Address) 37 S. Amity St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1934

Other contributory causes of importance: urhemia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) V. W. Wright, M. D.

(Address) 1010 S. Edmondson Ave

C. D. P. 1268-9

F 13202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John H Davenport

(a) Residence: No. 813 700 Block N Caroline St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) [illegible]

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	39			

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country) Virginia

14. NAME unknown

15. BIRTHPLACE (city or town) (State or country) unknown

16. MAIDEN NAME unknown

17. BIRTHPLACE (city or town) (State or country) unknown

18. INFORMANT Records, (Address) JOHNS HOPKINS HOSPITAL

19. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date June 4 1935

20. UNDERTAKER Peter F Williams (Address) 1535 Edgar St Huntington Station Md

Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

MAY 30 1935

21. DATE OF DEATH (month, day, year)

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935, to May 30, 1935

I last saw him alive on May 30, 1935 Death is said to have occurred on the date stated above, at 7 30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Central Hemorrhage	5/26/35

Other contributory causes of importance:

Hypertension	unknown

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Reginald Fitzhugh, M. D.

(Address) Johns Hopkins Hospital

D. B. 1268-9

✓ F 13203

HEALTH DEPARTMENT—CITY OF BALTIMORE

13203

CERTIFICATE OF DEATH

46-B

Registered No. 5

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 N Caroline St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Duncan

(a) Residence: No. 422 N Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Married

6. If married, widowed, or divorced WIFE (or) HUSBAND of (or) Elsa Duncan

DATE OF BIRTH (month, day, year) March 24, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	2	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (stevedore) 0074

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Walter Duncan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Cordin ?

16. BIRTHPLACE (city or town) (State or country) Richmond

17. INFORMANT Elsa Duncan (wife)

(Address) 422 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem Date 6/4/35

19. UNDERTAKER Potter & Weyler Co

(Address) 615 Mt Elderry Ave

Huntington & Delaware Ave

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1934 to May 30, 1935

I last saw him alive on May 24, 1935. Death is said to have occurred on the date stated above at 5 55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Growth in Pylorus and Stomach	Oct 1934

Other contributory causes of importance:

Partial Intestinal Obstruction	May 28, 1935

Name of operation none Date of

What test confirmed diagnosis? plus X Ray Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. J. Young M. D.

(Address) 624 Monument St

F 13204

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

13204

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1512 Division St., 14th Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William T Hawkins

(a) Residence: No. 1512 Division St., 14th Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Amy Hawkins

DATE OF BIRTH (month, day, year) Dec, 24, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Private Family

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Waiter

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Thomas Hawkins

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Harriet Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Amy B. Hawkins wife

(Address) 1512 Division Street

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 6-3-35 19

19. UNDERTAKER Thos. M. Dyson & Son

(Address) 700 Druid Hill Ave.

20. FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/31/35

22. I HEREBY CERTIFY, That I attended deceased from 5-28-35 to 5/31/35

I last saw h... alive on 5/31/35 Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	6 hrs.
Other contributory causes of importance: Chronic Myocarditis	12 Yr.
	1 Yr.

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

N.P. (Signed) Wm T Hawkins, M. D.

(Address) 512 Gilmor St.

F 13205

. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13205

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 131 W Lee St. 23 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Kidd

(a) Residence: No. 131 W Lee St. 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bruce Kidd

DATE OF BIRTH (month, day, year) Dec 26th 1890

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) 1903

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Halifax Co. Virginia

13. NAME Thomas Loyd Turner

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Bruce Kidd

(Address) 131 W Lee St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 6-3 1935

19. UNDERTAKER James A Sayes

(Address) 1142 Hunterian Ave

6-3 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935 to May 31 1935

I last saw him alive on May 31 1935. Death is said to have occurred on the date stated above, at 10:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2 days
Other contributory causes of importance: Arteriosclerosis	2 yrs.

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) D H Caswell M. D.

(Address) 1029 W Lee St

F 13206

F. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13206

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3116 Sequoia Ave. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. 65 mos. ds.

2. FULL NAME Margaret Mary Berger

(a) Residence: No. 3116 Sequoia Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of Julius Berger.

7. DATE OF BIRTH (month, day, year) July 25 1853

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	82	11 10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0037

12. BIRTHPLACE (city or town) (State or country) Berlin Germany.

13. NAME OF FATHER John Schmidt

14. BIRTHPLACE (city or town) (State or country) Berlin Germany.

15. MAIDEN NAME OF MOTHER Oberfelder

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. Matilda Washburn (Address) 3116 Sequoia Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Emmanuel Date 6/3/35

19. UNDERTAKER J. Freeman & Son (Address) 3rd & Broadway Huntington Maryland

20. FILED 6-3-1935, 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31. 35

22. I HEREBY CERTIFY, That I attended deceased from May 29. 1935 to May 30. 1935. I last saw him alive on May 30 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	1932

Other contributory causes of importance: none

Name of operation none Date of x

What test confirmed diagnosis? x Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? x Date of injury x 19...

Where did injury occur? x (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. x

Manner of injury x

Nature of injury x

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Tom Williams M. D.

(Address) 32 Leggaid ave

M. D. P. 1268-9

F 13207

HEALTH DEPARTMENT—CITY OF BALTIMORE

13207

CERTIFICATE OF DEATH

✓ 82-a

Registered No.

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Fulton & Lafayette Sts., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Jane Ruth Bennett

(a) Residence: No. 1803 W Lanvale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jno Bennett

7. DATE OF BIRTH (month, day, year): Aug 4, 1886

8. AGE: Years 48 | Months 9 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 637

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PARENTS

12. BIRTHPLACE (city or town) (State or country): Lewistown Md

MOTHER

13. NAME: Samuel Isanogle

14. BIRTHPLACE (city or town) (State or country): Lewistown Md

15. MAIDEN NAME: Jennie Weller

16. BIRTHPLACE (city or town) (State or country): Lewistown Md

17. INFORMANT (Address): J. N. Marriott 1803 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL: Place: London Park Date: 6/3/35, 19

19. UNDERTAKER (Address): Frederick R. Lolley 1120 W Lanvale St

FILED: 6-3-1935, 19 Pennington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 19 35 to May 31, 19 35

I last saw h.r alive on May 31, 19 35 Death is said to have occurred on the date stated above, at 1.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	?
Cerebral Hemorrhage	5-1-35
Terminal Eclampsia	5-28-35

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl C Nelson M. D.

(Address) 34 Pleasant

F 13208

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13208

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3208 Eastern Avenue St., 76 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Meinschein

(a) Residence: No. 3208 Eastern Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16, 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	11	17	15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Shop

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 35 yr.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Michael Meinschein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dorothy Manns

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Gertrude Weber
(Address) 3208 Eastern Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place St. Paul's Cem. Date June 3, 1935

19. UNDERTAKER HENRY SANDER & SON, INC.
(Address) Baltimore St. & Broadway

20. FILED 1935 Huntington Mathews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1934 to May 31, 1935

I last saw h[illegible] M alive on May 30, 1935 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation Indef.	
Exhaustion	5/30/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. H. Cornwall M. D.

6/1/35 (Address) 1644 Hanover St.

M. D. B. 1268-9

B 13209

HEALTH DEPARTMENT—CITY OF BALTIMORE

13209 — 152

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1709 Windermere Ave 9 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry C. Mann Jr.

(a) Residence: No. 1709 Windermere Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Feb 2nd 1919

8. AGE — Years: 16 — Months: 0 — Days: 0 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Harry C. Mann Sr.

14. BIRTHPLACE (City or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliza M. G. Bauer

16. BIRTHPLACE (City or town) Baltimore (State or country) Maryland

17. INFORMANT Harry C. Mann Sr.
(Address) 1709 Windermere Ave

18. BURIAL, CREMATION, OR REMOVAL
Loudon Park Cemetery June 4 1935

19. UNDERTAKER Frederick Lochmoor Sons
(Address) 7401 Belair Road

Huntington Williams, M.D. Registrar.

20. DATE RECEIVED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1935 to June 2 1935

I last saw him alive on June 2 1935 Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Left cerebral multiple abscess (Rt. arm, Left Neck)

Other contributory causes of importance:

Injected left mastoid antrum

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. Brown M. D.

(Address) 4202 Harford Road

H. D. B. 1268-9

E 13210

13210

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 76 B

CITY OF BALTIMORE: (No. Balto Md 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nick Krut

(a) Residence: No. 1332 W. North Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 3-27-94

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor Odd

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records Baltimore City Hosp

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mission Cemetery Date 6/4/35

19. UNDERTAKER J. McFarland Co

(Address) 1729 Gorsuch Ave

20. FILED 6-1935, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/29/35

22. I HEREBY CERTIFY, That I attended deceased from 5-22-35 to 5-29-35

I last saw him alive on 5-29-35 Death is said to have occurred on the date stated above, at 4:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Bronchial Pneumonia	1 day
Other contributory causes of importance: Psychosis - Drug Intoxication Manic Depressive Reaction	one 2 1

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Harry Tschompert, M.D.

Address Baltimore City Hospitals

F 13211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13211

123

1. PLACE OF DEATH CITY OF BALTIMORE: (No.) Union Memorial Hospital St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. ANNA YEAWORTH

(a) Residence: No. 6237 Bellona Avenue St., Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Rev Irvin C. Yeaworth

7. DATE OF BIRTH (month, day, year): Dec 1st 1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Markleville Pa.

13. NAME: Rev Samuel J. Shortess

14. BIRTHPLACE (city or town) (State or country): New Bloomfield Pa

15. MAIDEN NAME: Elizabeth Kline

16. BIRTHPLACE (city or town) (State or country): Markleville Pa

17. INFORMANT: Rev J. D. Shortess

(Address): Lamoyne Pa

18. BURIAL, CREMATION, OR REMOVAL: Jun 6 35

Date: June 4 1935

19. UNDERTAKER: W. W. Cook Co

(Address): 1212 E Fayette St

20. FILED: JUN 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JUNE 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1935 to June 2, 1935.

I last saw her alive on June 2, 1935. Death is said to have occurred on the date stated above, at 1:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mesenteric thrombosis with gangrene of intestine	June 1/35
Other contributory causes of importance:	
Arterio-Sclerosis	2 yrs
Arterio sclerotic heart disease with auricular fibrillation	2 yrs

Name of operation: Exploratory Laparotomy Date of: 6/2/35

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so specify

(Signed) Henry M. Hansen, M. D.

(Address) Union Memorial Hospital

F 13212 F 13212

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 83-34

Registered No.

1. PLACE OF DEATH Baltimore City Hospitals (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Herbert Gilland

(a) Residence: No. 1924 E. Preston St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen L. Gilland

DATE OF BIRTH (month, day, year) 9-9-95

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	39	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Gus Gilland

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Anna Stetler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Friend Paul Newton

(Address) 1924 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/5 1935

19. UNDERTAKER J. McCarthy & Son

(Address) 1247 Ford Ave

20. FILED JN 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1935, to 6-2, 1935

I last saw h/m alive on 6-2, 1935 Death is said to have occurred on the date stated above, at 12:20 P.m.

The principal cause of death and related causes of importance were as follows:

Malaria Inoculata — Date of onset 2 wks

Other contributory causes of importance:

General Paresis — 1 yr.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Peete M. D.

(Address) Balto City Hosp.

F. 13213

H. D. P. 1268-9

13213 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2901 Greenmount Ave Ward) 9

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Burkett

(a) Residence: No. 2901 Greenmount Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 15, 1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME John F. Burkett

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Bromwell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ida Jefferson.
(Address) 2901 Greenmount Ave

18. BURIAL, CREMATION, OR REMOVAL
Loraine Date June 7, 1935

19. UNDERTAKER Thurnwald Bros.
(Address) 3615-17 Clifton Ave

20. FILED 1935 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17 1935 to June 12 1935

I last saw her alive on June 12 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Obstructive Lesion of Sigmoid Etiology Undetermined	Jan 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 401 E 25th St

F 13214

D. P. 1268-9

13214

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 117-B

Registered No.

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 12 Ward)

Length of residence in city or town where death occurred 5 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Florey

(a) Residence: No. Linthicum Heights, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mrs. Lulu C. Florey

7. DATE OF BIRTH (month, day, year) April 27, 1892

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	1	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. American Hammer & Piston Ring

10. Date deceased last worked at this occupation (month and year) 5-11-35

11. Total time (years) spent in this occupation 0 3

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Charles E. Florey

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Louisa A. Kraut

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Records, U.S. Marine Hospital (Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 3, 1935

19. UNDERTAKER Thomas W. Pinkerton (Address) Linthicum Heights, Md.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to May 31, 1935

I last saw h[illegible] alive on May 31, 1935. Death is said to have occurred on the date stated above, at 11:30 [illegible].

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer, duodenal, obstructive type	2 yrs.
Pneumonia, Hypostatic	5-26-35

Other contributory causes of importance:

Name of operation Gastroenterostomy Date of 5/22/35

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) E. C. Burch M. D.

(Address) U.S. Marine Hospital

M. D. B. 1268-9

F 13215

3215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 95-B

1. PLACE OF DEATH Union Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Unknown

(a) Residence: No. Broadway Hotel 1 St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race B

5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year)

8. AGE Years 45? Months Days If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Date deceased last worked at this occupation (month and year)

12. Total time (years) spent in this occupation

13. BIRTHPLACE (city or town) (State or country)

14. NAME

15. BIRTHPLACE (city or town) (State or country)

16. MAIDEN NAME

17. BIRTHPLACE (city or town) (State or country)

18. INFORMANT

(Address)

19. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md Date June 3 1935

20. UNDERTAKER

(Address)

21. FILED - 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/26/35

22. I HEREBY CERTIFY, That I attended deceased from 5/23/35, 19 ..., to 5/26/35

I last saw h[illegible] alive on 5/26/35 Death is said to have occurred on the date stated above, at 12:30 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset ?

Hypertensive Cardio Vascular Disease

Other contributory causes of importance:

Hypostatic Pneumonia

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. V. Langfitt, M. D.

(Address) Univ. Hosp.

F 13216

M. D. P. 1268-9

13216 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 N. Castle St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth 30 yrs. mos. ds.

2. FULL NAME Mary Rehak

(a) Residence: No. 912 N. Castle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Rehak

7. DATE OF BIRTH (month, day, year): July 27, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1037

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Hungary

MOTHER FATHER

13. NAME: Mathew Matias

14. BIRTHPLACE (city or town) (State or country): Hungary

15. MAIDEN NAME: Maria Furda

16. BIRTHPLACE (city or town) (State or country): Hungary

17. INFORMANT: John Rehak (Address) 912 N. Castle

18. BURIAL, CREMATION, OR REMOVAL: Place Holy Redeemer Date June 5 1935

19. UNDERTAKER: Frank Cvach & Son (Address) 1906 Eastland Ave Huntington, W. Va.

20. FILED - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1935

22. I HEREBY CERTIFY That I attended deceased from 5-31-35 to June 2 1935

I last saw her alive on June 2 1935. Death is said to have occurred on the date stated above, at 7:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	June 2 1935

Other contributory causes of importance:

Cardiac Decompensation

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William J. Rosenbach M. D.

(Address) 801 Eastwood

F 13217

F 13217 200 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

208-M

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH

City of BALTIMORE: (No. St. Josephs Hospital Ward)

2-FULL NAME Barbara Jinks

(a) RESIDENCE NO. 3133 E. Monument St Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Bernard Jinks

DATE OF BIRTH (month, day, and year) May 5 - 1909

AGE Years	Months	Days	IF LESS than 1 day ....hrs. or ....min.
26		21	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work House - wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town)

(State or country) Baltimore - Md

10 NAME OF FATHER Jacob Hotthaus

11 BIRTHPLACE OF FATHER (city or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Messmer

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Baltimore Md

Informant Frank Jinks

(Address) 512 N. Decker Ave

Filed 6 - 3 - 1935 Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/1/35 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry.) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows:

Fractured Skull

due to accident yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

Struck by Buick Auto Coupe (Accident)

, 19 (Address) 3142 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death yrs. mos. 2 ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Struck by street car while on auto, was thrown out of car

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Redeemer Date of Burial June 4 1935

20 UNDERTAKER William H. Schaffer ADDRESS 1816 E Monument

F 13218

H. D. P. 1208-9

13218 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4618 York Rd. St., 27 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ignatius Papale

(a) Residence: No. 4618 York Rd St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (Write the word)
M	W	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Consetta Papale

DATE OF BIRTH (month, day, year) Feb. 18-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit Importer

10. Date deceased last worked at this occupation (month and year) ... 11. Total time (years) employed in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Anthony Papale

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Rosa Baldedi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Mrs 4618 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date June 4th 1935

19. UNDERTAKER John A. Moran (Address) 3000 E. Balto St.

20. FILED 1935 Huntington Williams RRH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1933 to June 1, 1935. I last saw him alive on June 1, 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1933
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H W Wheaton M. D.

(Address) 4303 York Rd

13219

F 13219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 27 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Katherine Craigen.

(a) Residence: No. 3207 Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Married.

3. If married, widowed, or divorced BUSBAND of (or) WIFE of Albert.

DATE OF BIRTH (month, day, year) July 28 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60.	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Adolph Krampe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sophie Rennlor

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Dept.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Red. Date 6/4/35 19

19. UNDERTAKER Herman Lemma
(Address) 4611 Park Heights Ave

20. FILED 1935 Interment in Potter's Field

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/25, 1935 to 6/2, 1935

I last saw her alive on 6/2, 1935 Death is said to have occurred on the date stated above, at 12 22 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (1)	5 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

F 13220

13220

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 731 N Fayette St., 4th Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eleanor Finley Garrett

(a) Residence: No. 731 N Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Wife

6. DATE OF BIRTH (month, day, year): Aug 1 1855

7. AGE — Years: 80 | Months: 11 | Days: 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Carroll Co Md

MOTHER FATHER

13. NAME: Thos Shriver

14. BIRTHPLACE (city or town) (State or country): Carroll Co Md

15. MAIDEN NAME: Catherine Brown

16. BIRTHPLACE (city or town) (State or country): Carroll Co Md

17. INFORMANT: Mr Garrett

(Address): 731 N Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Pa

Place: Sam'l Mich Date: June 6 1935

19. UNDERTAKER: M. I. Flesher

(Address): Hanover Pa.

20. FILED: June 6 1935 Registrar.

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to June 5 1935

I last saw her alive on June 2 1935. Death is said to have occurred on the date stated above, at 11, a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	May 27
Other contributory causes of importance: Fracture of Left Hip	Nov 28 34

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Nov 28, 1934

Where did injury occur? Baltimore Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fayette St Steps

Manner of injury Fell down Steps

Nature of injury Fracture of Left Hip

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Taylor Stone M. D.

(Address) 5128 Harford Rd

M. D. F 1268-0

F 13221

13221

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 912 Washburn Av. Brooklyn. 25 Ward)

Length of residence in city or town where death occurred 37 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph E. Chaney.

(a) Residence: No. 912 Washburn Av. Brooklyn St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa A. Chaney.

6. DATE OF BIRTH (month, day, year) Aug 9-1861.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73	8 9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. County.

13. NAME Joshua Chaney.

14. BIRTHPLACE (city or town) (State or country) Balto. County.

15. MAIDEN NAME Rosa Tayman

16. BIRTHPLACE (city or town) (State or country) Balto. County.

17. INFORMANT Thomas T. Chaney.

(Address) 912 Washburn Av. Brooklyn.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Cem Date June 4th 1935

19. UNDERTAKER E. Schlosser & Son

(Address) 1029 Saratoga st. Huntington Williams Md

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to June 1 1935

I last saw h alive on Oct 1 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 15th 35
Other contributory causes of importance:	
Exhaustion	

Name of operation None Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed H. H. Campbell M. D.

(Address) 1644 Harlem Av.

M. D. F. 1268-9

Died June 2nd 4:45 P.M.

F 13222

3222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1224 S. Charles St. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Kimmel.

(a) Residence: No. 1224 S. Charles St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Christina Kimmel

6. DATE OF BIRTH (month, day, year) Jan. 6-1844.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	91	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germy.

13. NAME John Kimmel.

14. BIRTHPLACE (city or town) (State or country) Germy.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germy

17. INFORMANT Catherine Weaver.

(Address) 1224 Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 5, 1935

19. UNDERTAKER E. Schlombs Son

(Address) 1039 Hanover st

1935 Huntington Williams Inspector.

6 OVER

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1935 to June 2nd 1935

I last saw him alive on June 2 1935 Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	1933
Arteriosclerosis	1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. F. Weaver Jr. M. D.

(Address) 1224 S. Charles St.

D. B. 1268-9

F 13223

13223 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3808 Southern St. 27 Ward)

Length of residence in city or town where death occurred 7/ yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Amrhine

(a) Residence: No. 3808 Southern Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Amrhine

DATE OF BIRTH (month, day, year) Nov 9-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs F Amrhine

(Address) 2515 Kennedy Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Wyland Date June 4 1935

19. UNDERTAKER John Ulbert

(Address) 3018 Orleans

20. FILED 1935 Hunter Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25 1934 to June 1 1935

I last saw h im alive on June 1 1935 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio Vascular Renal Disease	1925

Other contributory causes of importance:

Coronary Thrombosis	June 1 1935

Name of operation None Date of

What test confirmed diagnosis Physical as there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Edmunds M. D.

(Address) 2746 Alameda Blvd.

D. B. 7268-9

Zimmery & Carroll

F 13224

13224

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 22 S. Pulaski St. 20 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Zimmery V. Carroll

(a) Residence: No. 22 S. Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Albert S. Carroll

DATE OF BIRTH (month, day, year) July 15-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. min.
	59	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME of father: John H. Eichelberger

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Catherine R. Allister

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Edna V. Bratton

(Address) 22 S. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Loudon Park Cem. June 5 35

19. UNDERTAKER: Geo. W. Offutt

(Address) 908 Frederick Ave.

20. [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 35, 19

22. I HEREBY CERTIFY, That I attended deceased from June 3 35, 19 to June 3 35, 19

I last saw her alive on June 2 35, 19. Death is said to have occurred on the date stated above, at 3.30 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Arteriosclerosis

Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation and date: None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Ferry, M. D.

(Address) 4.0 W. Lombard

F 13225

F 13225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 48

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2022 St Paul St. 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Laura S. Mac Ewen
If U. S. Veteran specify WAR

(a) Residence: No. 2022 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

6. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE of~~) John Mac Ewen

7. DATE OF BIRTH (month, day, year) Mar 4th 1853

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Asheville N.C.

13. NAME Wm D. Justice

14. BIRTHPLACE (city or town) (State or country) Hendersonville N.C.

15. MAIDEN NAME Sue McCarson

16. BIRTHPLACE (city or town) (State or country) Henderson N.C.

17. INFORMANT Ernest H. Mac Ewen

(Address) 2022 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Place Morland Park Date June 4th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ~~June 4 1935~~ E. L. Bourbelle, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to June 2, 1935

I last saw her alive on June 1, 1935 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	
Other contributory causes of importance: Mitral regurgitation + decompensation.	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E. L. Bourbelle, M. D.

(Address) 2104 St. Paul St

F 13226

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13226

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frederick Mack.

(a) Residence: No. 344 S. Robinson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Malvina Mack

DATE OF BIRTH (month, day, year) Nov 6 1864.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70.	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shredding 0074

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Frederick Mack.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records BCH

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Date June 5th, 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

FILED JUN 4 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/16, 1935 to 6/2, 1935

I last saw him alive on 6/2, 1935. Death is said to have occurred on the date stated above, at 8:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

F 13227

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13227

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3520 Greenspring St., 45 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William J. Meyer

(a) Residence: No. 3520 Greenspring Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M. Meyer

7. DATE OF BIRTH (month, day, year) 10-24-1871

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confectionery

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0049

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Johan Meyer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Erkson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Thos Harvey Dickinson

(Address) 3520 Greenspring Ave

18. BURIAL, CREMATION, OR REMOVAL Lafayette (Cem) Date 6/4/35

19. UNDERTAKER Leonard J. Kugler

(Address) 2305 Westfield Rd

20. FILED 19

6-4-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 28, 19 35 to June 1, 19 35

I last saw him alive on June 1, 19 35 Death is said to have occurred on the date stated above, at 10a m.

The principal cause of death and related causes of importance were as follows:

myocarditis
& Chronic Nephritis
General anasarca

Date of onset 1 Yr known

Other contributory causes of importance:

uremia

May 30 1935

Name of operation. none Date of

What test confirmed diagnosis? Physical & Laboratory Examination? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Edward Norris, M. D.

(Address) 101 East west st.

F 13228

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-C

Registered No. F 13228

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. University Hosp. St., 2 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson Zimmerman
(a) Residence: No. 5010 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Divorced

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 22-1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	11	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Co Md
13. NAME Garrett N Zimmerman
14. BIRTHPLACE (city or town) (State or country) Balto Co. Md
15. MAIDEN NAME Sarah L Griffith
16. BIRTHPLACE (city or town) (State or country) Balto Co Md
17. INFORMANT Irvin Zimmerman
(Address) 5248 Reisterstown Rd
18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 4. 35
19. UNDERTAKER A. S. Marshall
(Address) 3534 Falls Road

20. FILED JUN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1. 1935
22. I HEREBY CERTIFY, That I attended deceased from May 31. 1935 to June 1. 1935
I last saw him alive on June 1. 1935 Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	5/31
Other contributory causes of importance: Probable Carcinoma Colon.	Dk

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Herbert Goldstone M. D.
(Address) University Hosp.

F 13229 F 13229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 27 Ward)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Rosina Mansperger. Ward. .....

(a) Residence: No. 3102 Echodale Ave. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced, HUSBAND of (or) WIFE of Adolph Christian

DATE OF BIRTH (month, day, year) 2/2 2/1864.

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
71	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Gottlieb Almendinger

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records Bch

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 6/7- 1935

Pantmond

19. UNDERTAKER Leonard Ryder

(Address) 1205 Hollins St.

20. FILED 6-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1/29, 1935, to 6/2, 1935

I last saw her alive on 6/2, 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	9 days
Hypertension	"
Arteriosclerosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

D. H. 1268-9

F 13230

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13230

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4218 Belair Road St., 7-1 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Bieren

(a) Residence: No. 4218 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	5		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Bieren

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Olga Hindberg

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Alexander Bieren
(Address) 2121 N Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 7, 1935

19. UNDERTAKER F. B. Nippert & Son
(Address) 1800 Eutaw Place

20. FILED ..., 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 19 35 to June 2, 19 35. I last saw h. alive on June 1, 19 1. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

Diabetes — Date of onset

Other contributory causes of importance:

Valvular disease of heart

Name of operation — Date of

What test confirmed diagnosis — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) Wm D Cooper M. D.

(Address) 390 S Fayette St Balto Md

D. P. 1268-9 F 13231 F 13231

9672

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ X 91-a

Registered No. .....

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Benjamin Hodges

(a) Residence: No. 2320 Liberty ave St., Ward. Jacksonville Flo
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lelia Hodges

7. DATE OF BIRTH (month, day, year) 2-13-86

ACE	Years	Months	Days	If LESS than 1 day, ... h. s. or ... min.
	49	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Travelling Repr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 8

12. BIRTHPLACE (city or town) (State or country) Texas

13. NAME Benjamin Hodges

14. BIRTHPLACE (city or town) (State or country) Miss

15. MAIDEN NAME Nettie Brooks

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Miami Fla Date Jun 4 1935

19. UNDERTAKER Henry W Jenkins Sons Co

(Address) 22 E Cullen St Jacksonville Fla

FILED 6-4-1935 Allington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 10 1935 to June 3 1935

Last saw him alive on June 3 1935 Death is said to have occurred on the date stated above, at 10.25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subacute bacterial Endocarditis due to streptococcus viridans	Oct. 1934

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Blood culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

D. B. 2005-9 F 13232

F 13232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3406 Gwynn Falls Pkwy. 15 Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Ridgely Shreck

(a) Residence: No. 3406 Gwynn Falls Pkwy St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 6, 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Harry E. Shreck Sr.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Turner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Harry E. Shreck

(Address) 3406 Gwynn Falls Pkwy.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 6 . 1935

UNDERTAKER Henry H. Forkin Sons & Co.

(Address) 1101 Mc Mechen & Eutaw Sts.

FILED 6-6-35 By Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feby - 7 - 1930 to June - 6 - 1935

I last saw him alive on June 6 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Tuberculous Larynx.	3/7

Other contributory causes of importance:

None.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Wesley Cole M. D.

(Address) 2202 Harrison Blvd

F 13233

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. F 13233

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Preston Apt St. 1 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Gooch Simpson

(a) Residence: No. Preston Apt Preston & Guilford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widow

6. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND~~ (or) WIFE of Nate L. S. Simpson

7. DATE OF BIRTH (month, day, year) August 10 1856

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	9	22	

8a. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Henderson N. B.

13. NAME James Gooch

14. BIRTHPLACE (city or town) (State or country) Oxford N. B.

15. MAIDEN NAME Sallie Harris

16. BIRTHPLACE (city or town) (State or country) Henderson N. B.

17. INFORMANT Miss Simpson

(Address) Apt 7 B. Preston Apt

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 5th 1935

19. UNDERTAKER Henry Jenkins Son & Co

(Address) Eutaw & McCulloh Sts

20. FILED June 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from March 22 1935 to June 2 1935

I last saw her alive on June 2 1935 Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
acute bronchitis	May 13
Other contributory causes of importance: Hemiplegia	1929

Name of operation Date of

What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Harry McCarty M. D.

(Address) 87 W Preston St.

D. B. 1208-9 F 13234

F 13234

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Plaza Apts (St.) Wilson & Park Ave (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence if city or town where death occurred 65 yrs. 9 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Janet Graeme Turnbull

(a) Residence: No. Plaza Apts St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Aug 28 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Lisle Turnbull

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Hillie Harrison

16. BIRTHPLACE (city or town) (State or country): Richmond Va.

17. INFORMANT: Mrs. Isabel La Roche

(Address): Plaza Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Date: June 5 1935

19. UNDERTAKER: Henry H. Perkins Sons

(Address): N. Eutaw & Orchard

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27 1935 to June 3 1935

I last saw her alive on June 2 1935. Death is said to have occurred on the date stated above, at 3:50 a. m.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis with pulmonary embolis. — Date of onset Apr 27

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. N. Van Ness M. D.

(Address) 1820 Park Ave

D. B. 1268-9

E 13235

HEALTH DEPARTMENT—CITY OF BALTIMORE

13235

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward) 17

Length of residence in city or town where death occurred fifty yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ernest Purnell

(a) Residence: No. 505 Gaptain St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25-1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	11	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Louis Purnell

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Luna Caldwell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Irene Williams
(Address) 1015 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL
Place National Date 6/4/35 19

UNDERTAKER Mrs. Geo. E. Kelly
(Address) 1519 Druid Hill Ave

FILED 6-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-31 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-31 1935 to 5-31 1935

I last saw him alive on 5-31 1935 Death is said to have occurred on the date stated above, at 10:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Gastro enteritis	5/27/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Carl L Gilbert Coroner, M. D.

(Address) 507 Longwood St

B 1268-9

F-13236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13236

18

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Inez Carter

(a) Residence: No. 408 Pearl St St., ...Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 28, 1928

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	6	11	8 6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ---

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME James Carter

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Beatrrie Downing

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT James Carter
(Address) 408 Pearl St.

BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place Mt Auburn Date 6/7 1935

UNDERTAKER William G Jackson
(Address) 912 Penna Ave & Huntington Wilkens

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis	I. Day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) N.T. [illegible] M. D.
Coroner

(Address) 8757 W. North

F 13237

B. D. B. 1268-9

F 13237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. German Aged Home St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Franklin Mueller

(a) Residence: No. German Aged Home St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 25, 1856

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	7	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Music Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Casper Mueller

14. BIRTHPLACE (city or town) Hanau
(State or country) Germany

15. MAIDEN NAME Regina Hitzel

16. BIRTHPLACE (city or town) Hessen-Darmstadt
(State or country) Germany

17. INFORMANT Records of German Aged Home
(Address) Baltimore & Payson Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 5, 1935

19. UNDERTAKER Ruth Cook
(Address) 1003 W. Baltimore St.

FILED 1935 Huntington Pimlico, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31st, 1935, to June 3rd, 1935. I last saw him alive on June 3rd, 1935. Death is said to have occurred on the date stated above, at 3.30 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 5/31/35

Other contributory causes of importance:

Arteriosclerosis ✓

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) R. Keller Heuning, M. D.

6/5/35 (Address) 2000 Hollins St.

D. B. 1268-9

✓ F 13238

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13238

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1504 Aisquith St., 9 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph Simon

(a) Residence: No. 1504 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Simon

DATE OF BIRTH (month, day, year) Dec 23 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nickle plater

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5086

10. Date deceased last worked at this occupation (month and year) 30

11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joe A Gill

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Elizabeth Simon

16. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Elizabeth Simon

(Address) 1504 Aisquith St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date June 5 1935

UNDERTAKER Chas McCurdy

(Address) 2005 Eutaw

Huntington Williams, M.D.

FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 2 1935

I last saw him alive on June 1 1935, and death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation
Rheumatic
Endocarditis

Date of onset: June 1-0

Other contributory causes of importance:

acute cardiac decompensation

Date of onset: June 1-0

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Huntington Williams M. D.

(Address) 1211 Cathedral St

D. P. 1268-9

✓ F 13239

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 8

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 27 Ward)

Length of residence in city or town where death occurred 15 yrs. 9 mos. 17 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Staubitz (Charles Theodore Staubitz Jr)

(a) Residence: No. 4107 Woodbrook St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 15, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	9	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High School

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Charles Theodore Staubitz Sr

14. BIRTHPLACE (city or town) (State or country) Howard Co Md Maryland

15. MAIDEN NAME OF MOTHER Sarah J. Grimes

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Greenmount Cemetery Date June 4 35

UNDERTAKER J. J. Tucker & Sons

(Address)

FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935 to June 1, 1935

I last saw him alive on June 1, 1935 Death is said to have occurred on the date stated above, at 4:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post-Scarlet Fever Hemorrhagic Nephritis	3/20/35
Uremia	4/5/35
	4/15/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Kilgallman M. D.

(Address) Johns Hopkins Hospital

✓ F 13240

13240 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

97

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 782 W Hamburg St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louise Rodenhi [Louise Rodenhi] If U. S. Veteran specify WAR

(a) Residence: No. 782 W Hamburg St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Theo F Rodenhi

DATE OF BIRTH (month, day, year) Sept 29 - 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
86	87	8	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) City

13. NAME Geo Herfel

14. BIRTHPLACE (city or town) (State or country) City

15. MAIDEN NAME Eliz Irving

16. BIRTHPLACE (city or town) (State or country) City

INFORMANT Mr N. Rodenhi

(Address) 782 W. Hamburg St

17. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 5 1935

UNDERTAKER W J Tuckson & Son

(Address) North Ave

DATE 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 1935

20. I HEREBY CERTIFY, That I attended deceased from July 22 nd 1930 to June 2 nd 1935

last saw her alive on June 12th 1935. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure & Congestion of Lungs.	5/30/35
Other contributory causes of importance: General arterio sclerosis & senility	4/27/35

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. E Poulton M. D.

(Address) 3909 Gamewell Blvd.

F 13241

D. B. 1268-9

3241

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bernard Saunders

(a) Residence: No. 907 Myrtle Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 4

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME [illegible]

14. BIRTHPLACE (city or town) (State or country) [illegible]

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Baltimore Md (Mother)

17. INFORMANT Annabelle Saunders

(Address) 907 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Time Date June 5, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Schroeder St.

FILED 4-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-1- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-29- 1935 to 6-1- 1935

I last saw him alive on 6-1- 1935. Death is said to have occurred on the date stated above, at 3 30 p.m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pneumococcic Meningitis	5-29-35
Other contributory causes of importance:	
Pt John Pneumonia	5-31-35

Name of operation [illegible] Date of

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B McComb M. D.

(Address) Provident Hosp

D. B. 1268 13242 ✓ F 13242

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jack Sondheim

(a) Residence: No. 807 Lennox St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Sondheim

DATE OF BIRTH (month, day, year) Jan. 5, 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	4	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Saml Sondheim

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Bertha Oppenheimer

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Dr. Walter Sondheim

(Address) 1631 Bolton St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Friendship Date June 5, 1935

UNDERTAKER Shira Sondheim & Son

(Address) 1902 Eutaw Place

FILED 6-4-1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 35

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1935, to June 3, 1935. I last saw him alive on June 3, 1935. Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Diabetes mellitus	
Coronary thrombosis	
Ulcer of left leg	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. K. Gutzeneter, M. D.

(Address) Sinai Hospital

✓ F 13243

243

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 2-1 Ward)

Length of residence in city or town where death occurred 49 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Rute.

(a) Residence: No. 837 Lee St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 12/25/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49.	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas

10. Date deceased last worked at this occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cleveland Ohio.

13. NAME Louis ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Jane Lewis.

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ricardo Bell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 7 1935

19. UNDERTAKER .....
(Address)

20. FILED June 7 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/4 1935 to 6/1 1935

I last saw him alive on 6/1 1935 Death is said to have occurred on the date stated above, at 3 21/24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Feb 3y
	acute

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp

✓ F 13244

13241 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward 36)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Lizzie Hall

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel

7. DATE OF BIRTH (month, day, year) 1/18/1867.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Isaac Naylor.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Amanda Johnson.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Record B.E.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date June 4 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/23 1934 to 5/30 1935

I last saw her alive on 5/30 1935 Death is said to have occurred on the date stated above, at 10 45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 Days
Carcinoma of rectum	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

H. D. P. 1268-9

13245 F 13245

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Sellers

(a) Residence: No. 1233 Hanover St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 29 1935

AGE	Years	Months	Days	If LESS than 1 day, 18 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Helen Sellers

16. BIRTHPLACE (city or town) Leesville, Virginia
(State or country)

17. INFORMANT Helen Sellers (mother)
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 4. 1935

19. UNDERTAKER [illegible]
(Address)

20. FILED Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 30, 35

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to May 30, 1935.

I last saw her alive on May 30, 1935. Death is said to have occurred on the date stated above, at 11 55 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity (6 mos)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Elizabeth S. Langenberg, M. D.

(Address) Baltimore City Hospitals

D. B. 1268-9

F 13246

13246 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1605 N. Durham St. St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theodore S. Offenstein

(a) Residence: No. Washington, D. C. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 7, 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	2	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Leopold Offenstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Dr. Emil Pollak

(Address) 367 N. Y. Ave. N.E. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place Reformed Cemetery Arlington Va. Date June 6 1935

19. UNDERTAKER Harry Hooff Funeral Dir.

(Address) 1001 E. Eager

20. FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Rhenisch, M. D. Coroner

(Address) 1919 E. North Ave.

F 13247

H. D. B. 1268-9

13247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1747 Gorsuch Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry August Huse

(a) Residence: No. 1747 Gorsuch Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Grace Huse

DATE OF BIRTH (month, day, year) July-12-1873

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	10	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8016

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Adolph R. Huse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Georges

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilhelmina Huse

(Address) 1747 Gorsuch Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Cem Date June 5 1935

19. UNDERTAKER Sharp Street Chas, Inc

(Address) 130 E. Eager St

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-2-1935. 19

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to June 2 1935

I last saw him alive on June 2 1935 Death is said to have occurred on the date stated above, at 6.45 P.M.

The principal cause of death and related causes of importance were as follows:

Myocardial Degeneration — Date of onset Prior

Other contributory causes of importance: Bronchitis chronic — 2 yrs

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward Zimmerman M. D.

(Address) 1858 Hanford Rd

F 13248

D. B 1268-9

13248

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 85

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 N. Montford Ave St., 8 Ward)

Length of residence in city or town where death occurred 34 yrs. 10 mos. 19 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Dare

(a) Residence: No. 1810 N. Montford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 17, 1900

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Samuel P. Dare

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Susan Robe

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

INFORMANT Samuel P. Dare

(Address) 1810 N. Montford Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 7 1935

UNDERTAKER Henry Theo. Eno. Inc.

(Address) 130 E. Lanvale St.

FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epilepsy	30 years
Other contributory causes of importance:	
Traumatic asphyxia	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1912 E. North Ave.

D. B. 1268-9

E 13249

3249 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) Provident Hospital St., (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Lunsford

(a) Residence: No. 913 N. Dallas St., St Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F		

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 5/29/35

AGE Years	Months	Days	If LESS than 1 day 16 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Richard Lunsford

14. BIRTHPLACE (city or town) (State or country) Charlestown W.Va.

15. MAIDEN NAME Jennie Twohy

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT (Address) Mother 913 N. Dallas St. City

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 4 1935

UNDERTAKER

(Address)

FILED June 5, 1935 Registrar.

1425

1428 A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 5-30-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-29-1935 to 5-30-1935

I last saw h alive on 5-30-35 Death is said to have occurred on the date stated above, at 7:01 Am

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin H. Compte M. D.

(Address) Provident Hosp

F 13250

13250

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Reed

(a) Residence: No. 1313 Mosher St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Reed

DATE OF BIRTH (month, day, year) Dec 5 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
37	38	5	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home

10. Date deceased last worked at this occupation (month and year) May 24 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Reed

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Mabel Fowler

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Thomas Woods

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Harford Co. Md. Date 6/6/35 19

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W. Biddle St.

20. FILED 1935 Huntington Ave [illegible] By [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 35 to June 3, 35

I last saw her alive on June 3, 35 Death is said to have occurred on the date stated above, at 6 00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Valvular Disease	?
Bilateral Lobar Pneumonia	?
Edema	5/30
Other contributory causes of importance: Acute Lung Edema	6/3/35

Name of operation Supra Pub Hysterectomy Date of 6/3/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard T. Ferguson M. D.

(Address) Mercy Hospital

D. F. 1268-9

3251

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 4 Ward)

Length of residence in city or town where death occurred 0 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Allen

(a) Residence: No. 10th & K St Sparrows Pt Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 16th 1906

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	24	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME OF FATHER Kay Allen N. C.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Julia-Tenford. N. C

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Next of Kin

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Woodstock Md Date June 6th 1935

19. UNDERTAKER Mrs Robert O Elliott

(Address) 1129 Caroline st

20. FILED 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11 1935, to 6-2 1935

I last saw h(e/r) alive on 6-2 1935. Death is said to have occurred on the date stated above, at 11½ a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Acute Dysentery	5-13.
b. Lobar Pneumonia	
Emphysema	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.

(Address) Provident Hosp.

D. P. 1268-4

3252

F 13252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 160B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Miller

(a) Residence: No. 7050 Bledsoe Rd. St. Ward.

(Usual place of abode) Dundalk, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 26 1935

AGE	Years	Months	Days	If LESS than 1 day, 13 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME John W. Miller

14. BIRTHPLACE (city or town) Michigan (State or country)

15. MAIDEN NAME Mary Belle Pearce

16. BIRTHPLACE (city or town) Iowa (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place J.H.U. Med. School Date June 4 1935

19. UNDERTAKER (Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26th 1935 to May 27th 1935.

I last saw h[illegible] alive on May 27th 1935. Death is said to have occurred on the date stated above, at 1056 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	5/26/35
Intracranial Hemorrhage	5/26/35

Other contributory causes of importance:

Prematurity	5/26/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) Johns Hopkins Hospital

F. D. P. 1268-9

F 13253

13253 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 154

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital) (10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Peacock

(a) Residence: No. 719 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 21, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or 50 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME David Peacock

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Grace Blake

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Jeff Med School Date June 17, 1935

19. UNDERTAKER
(Address)

20. FILED Huntington Williams, M.D. Registrar.

6-4-1935 1433A

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 21st, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21st, 1935 to May 21st, 1935

I last saw h~~e~~ alive on May 21, 1935 Death is said to have occurred on the date stated above, at 9:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	5/21/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John M. Hoyer, Jr. M.D.

(Address) Johns Hopkins Hospital

L. D. B. 1268-9

✓ F 13254

49

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13254

108

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Matthews

(a) Residence: No. 411 E Federal St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 1924

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Henry Smith

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Mary Matthews

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place J H Med School Date June 4. 1935

19. UNDERTAKER
(Address)

20. FILED JUN - 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) May 27. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13. 1935 to May 27. 1935

I last saw her alive on May 27 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, Ac primary	5/13
Other contributory causes of importance: Anemia, moderate chronic	unknown

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Woodbridge E Williams M. D.

(Address) Johns Hopkins Hosp

D. B. 1368-9

F 13255

29745

13255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-B

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4 St., Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Falbo

(a) Residence: No. 3 S. Frederick St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Angelo Farbo

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Eliz Ritzsutto

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place J.H. Med School Date June 6 1935

19. UNDERTAKER (Address)

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to June 1 1935

I last saw him alive on June 1 1935. Death is said to have occurred on the date stated above, at 408A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hodgkins Disease	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carmichael Lightner M. D.

(Address) Johns Hopkins Hospital

H. D. B. 1268-9

3256 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 13256

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4606 Roland Avenue St., 27 Ward)

Length of residence in city or town where death occurred About -- yrs. -- mos. -- ds. How long in U. S. If of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Ella F. Reilly

(a) Residence: No. 4606 Roland Avenue St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John J. Reilly

7. DATE OF BIRTH (month, day, year) ----------

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
About 75	---	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York City New York

13. NAME Bernard Reilly

14. BIRTHPLACE (city or town) (State or country) ---------- Ireland

15. MAIDEN NAME Mary ---------

16. BIRTHPLACE (city or town) (State or country) --------- Ireland

17. INFORMANT Joseph B. Reilly
(Address) 4606 Roland Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Calvary Cemetery Queen's Co., N. Y. Date 6/5 1935

19. UNDERTAKER Mary V. Meakin & Co.
(Address) 2225 W. Baltimore St.

FILED 1935 Hunterton Pilling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to June 3 1935

I last saw h[illegible] alive on June 3 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1930
Ch 2 ft Nephritis	1930
Ch Myocarditis	1930

Other contributory causes of importance:

Cerebral hemorrhage	1935

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin path Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. E. Bishop, M. D.

(Address) 601 Cheltenham Ave

via Pennsylvania Railroad // Escort - Joseph B. Reilly

D. B 1268-9

F 13257

HEALTH DEPARTMENT—CITY OF BALTIMORE

13257

CERTIFICATE OF DEATH

X 210-M

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Johns Hopkins Hospital (If on arrival)
CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Adam Merkle

(a) Residence: No. Fallston Md St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emily V Merkle

DATE OF BIRTH (month, day, year) 6/2-1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	62	✓	✓	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer (retired)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Copper Works

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER John Merkle

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Emily V. Merkle Wife

(Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn Cemetery Date June 6th 1935

19. UNDERTAKER Frederick Deaton Sons

(Address) 7201 Belair Road

FILED JUN 4 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on June 4 1935. Death is said to have occurred on the date stated above, at 9.10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Fractured ribs, both sides	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Blood Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

(Accident), suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? Home Route 1 - Belair Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

Manner of injury Struck by auto while walking along road

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Harford County (Automobile Coroner) M. D.
Coroner

(Address) 514 Bank St. Bel Air

H. D. B. 1268-9

2258

✓ F 13258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. 26/10

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 306 S. East Ave St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Carrie R. Spence

(a) Residence: No. 306 S. East Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr Kenneth L. Spence

DATE OF BIRTH (month, day, year) April 30 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Home

10. Date deceased last worked at this occupation (month and year) March 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) Bells Crossing Md
(State or country)

13. NAME Mrs Foulke

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Unknown.
(State or country)

17. INFORMANT Mr. Kenneth L. Spence.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 6/5/35 19

19. UNDERTAKER Bernard G Faith
(Address) 5135 Harford Road

20. FILED 6-1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935 to June 2, 1935

I last saw her alive on June 2, 1935 Death is said to have occurred on the date stated above, at 10½ P.m.

The principal cause of death and related causes of importance were as follows:

Chr. Myocarditis
Carcinoma of Liver (Primary)
Myocardial Collapse

Date of onset

Other contributory causes of importance

Name of operation Exploratory Laparotomy Date of 5-5-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emmanuel G. Schumann M. D.

(Address) 842 S. Eden Ave.

D. B 1268-9

✓ F 13259

HEALTH DEPARTMENT—CITY OF BALTIMORE

(3259) 209 M

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital Ward) 9

Length of residence in city or town where death occurred 18 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

FULL NAME Archie Ross Weaver.

(a) Residence: No. 920 East 30th St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced, HUSBAND of Mary Alice Weaver.

DATE OF BIRTH (month, day, year) July 15, 1891

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	43	10	19	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) (State or country) Mt. Vernon, Pa.

13. NAME James Weaver.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Clara Secules.

16. BIRTHPLACE (city or town) (State or country) Pennsylvania.

INFORMANT Mary Alice Weaver. (wife)

(Address) 920 East 30th St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem. Date June 5 35

UNDERTAKER Chas. E. Waltemeyer & Son

(Address) 118 W. Mt. Royal Ave

Huntington Indiana

FILED JUN 5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull	
Other contributory causes of importance: Struck and knocked down by a street car	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accidental Date of injury ....., 19.....

Where did injury occur? Patapsco Ave Nr. 1st. St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway.

Manner of injury Struck & knocked down by street car

Nature of injury (Fracture of the skull)

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Theo. M. Reinhardt, M. D.
Coroner

6/4/35 (Address) 1017 N. Charles St.

H. D. B. 1268-9

✓ F 13260

13260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 217 W. Lorraine Avenue St. 12 Ward)

Length of residence in city or town where death occurred 60 yrs. 10 mos. 2 ds. How long in U. S. if of foreign birth? -- yrs. -- mos. -- ds.

2. FULL NAME Mary L. Classon

(a) Residence: No. 217 W. Lorraine Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward J. Classon

7. DATE OF BIRTH (month, day, year) Aug. 1, 1874

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	60	10	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME John Haus

14. BIRTHPLACE (city or town) ---------- Germany
(State or country)

15. MAIDEN NAME Mary Hatch

16. BIRTHPLACE (city or town) ---------- Germany
(State or country)

17. INFORMANT Edward J. Classon

(Address) 217 W. Lorraine Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 6/6 . 1935

19. UNDERTAKER Henry L. Mears & Son

(Address) 208 N. Eutaw St.

20. FILED Huntington Wilson, M.D. Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31 . 1935 to June 3 . 1935

I last saw h.. alive on May 31 . 1935 Death is said to have occurred on the date stated above, at 8 a m

The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset

Other contributory causes of importance:

Acute Catarrhal Jaundice

2 wks

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) M. L. Luckstone M. D.

(Address) 22 W. Madison St.

D. B 1268-9

F 13261

F 13261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

126

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1323 Lafayette Ave 16 Ward)

Length of residence in city or town where death occurred 2 mths yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ulysses Dorsey Jr.

(a) Residence: No. 1323 Lafayette Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of James Dorsey

DATE OF BIRTH (month, day, year) July 14-1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	10	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince Geo Co Md

13. NAME Gilbert Dorsey

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Sarah Gray

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT James Dorsey
(Address) 1323 Lafayette Ave

BURIAL, CREMATION, OR REMOVAL
Place Upper Marlboro Date June 4 1935

UNDERTAKER Thomas E. Kelsey
(Address) 1303 Presstman St

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-2 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-2 1935 to 6-2 1935

I last saw h[illegible] alive on 6-2 1935. Death is said to have occurred on the date stated above, at 5P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (embolism)	6/2/35

Other contributory causes of importance:

Name of operation Cholecystectomy Date of May 16 35

What test confirmed diagnosis Pathological Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. E. Allen, M. D. Coroner

(Address) 850 Pennsylvania Ave

F 13262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13262

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. City Hospital St., 1 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Eleanora Wheeler

(a) Residence: No. 2108 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed~~ or ~~divorced~~ WIFE of James Nelson Wheeler

DATE OF BIRTH (month, day, and year) Dec 24th 1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	1	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Gloucester Va

12. NAME Purcell

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME -

16. BIRTHPLACE (city or town) (State or country) -

INFORMANT Lillian E. Crockardt

(Address) 2217 Pennsa Ave

BURIAL, CREMATION, OR REMOVAL Cedar Hill Date 6/6 1935

Place

UNDERTAKER Wm Cook

(Address) 727 S. Paca St.

FILED 5 JUN 1935 Harrington Nathaniel, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h.. alive on ....., 19.. Death is said to have occurred on the date stated above, at 5.05 A.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) J. V. Mengert Coroner, M. D.

(Address) 1040 S. Ellwood Ave.

Spec.—1-10-21—MAT—1500 Blks.

F 13263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13263

93-C

CERTIFICATE OF DEATH.

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1211 W. 40th. Street ST. WARD)

2-FULL NAME John Alfred Sibley

(a) RESIDENCE NO. 1211 W. 40th. St. ST., WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 30 yrs 6 mos 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced. (write the word): Widower

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary J. Sibley.

6 DATE OF BIRTH (month, day, and year): Nov. 7, 1872

7 AGE — Years: 63 — Months: 6 — Days: 26 — If LESS than 1 day, 20 hrs or 30 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Silversmith

(b) General nature of industry, business, or establishment in which employed (or employer): Mfgrs of Silverware

(c) Name of employer: Steiff Co.

9 BIRTHPLACE (city or town) (State or country): Concord, New Hampshire

PARENTS

10 NAME OF FATHER: John Sibley

11 BIRTHPLACE OF FATHER (city or town) (State or country): New Hampshire

12 MAIDEN NAME OF MOTHER: Doesn't know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Doesn't know.

14 Informant: Mrs. Harry Miller

(Address): 1211 W. 40th St.

15 1935 . 10 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 3 1935

17 I HEREBY CERTIFY, That I attended deceased from June 1 . 1935 . to June 3 . 1935 . that I last saw him alive on June 3 . 1935 . and that death occurred, on the date stated above, at 8 30 P. m.

The CAUSE OF DEATH* was as follows:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary): None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) W. E. Cole M. D.

6-3. 1935 (Address) 6014 York Road

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt. Olivet

DATE OF BURIAL: June 6 1935

20 UNDERTAKER: Thomas E. Poe

ADDRESS: 3615 Harford

D. B. 1263-9

3261

E 13264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Jenkins Memorial Hospital or
CITY OF BALTIMORE: (No. 1000 Caton Avenue, 7 S. Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James J. Holley

(a) Residence: No. 3009 Oakhill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Adelaide Holley

7. DATE OF BIRTH (month, day, year): Sept 20, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51 yrs	51	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Potter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: James Holley
14. BIRTHPLACE (city or town) (State or country): Ireland
15. MAIDEN NAME: Mary O'Donnell
16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jenkins Mem. Hosp.
(Address): 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place: New Cathedral Date: June 6, 1935

19. UNDERTAKER: H. Snyder & Sons Inc
(Address): 848 N. Arlington Ave

Filed JUN 5 - 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to June 4, 1935
I last saw him alive on June 3, 1935 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension of Arteriosclerosis	?
Cerebral Hemorrhage (repeated)	1933 6-1-1935

Other contributory causes of importance:

Name of operation: ... Date of ...
What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Simon P. Kemp, M. D.
(Address) St Agnes Hosp.

F 13265

D. B. 1265 F 13265

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2244 Annapolis Rd 25 Ward)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Elizabeth Biggs

(a) Residence: No. 2244 Annapolis Rd St., 25 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced (or) WIFE of the late Jos. Biggs.

7. DATE OF BIRTH (month, day, year) May 11, 1855

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	80	0	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) (State or country) New Jersey

13. NAME Alexander Henderson

14. BIRTHPLACE (city or town) (State or country) New Jersey

15. MAIDEN NAME Sarah Mederia

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT (Address) Mrs. John Homan 2244 Annapolis Rd

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Date June 6th 1935

19. UNDERTAKER Isaac Hyder (Address) 1211 W Baltimore St

20. FILED June 5 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935, to June 4, 1935

I last saw her alive on June 3, 1935. Death is said to have occurred on the date stated above, at 2:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3/2/33
Chronic Arthritis. (Marie Strumpell type)	7/10/27

Other contributory causes of importance:

Acute Cardiac Decompensation.	5/27/35

Name of operation None Date of —

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Hammond Wheeler M.D.

(Address) 2910 Hollins Ferry Rd.

D. B. 1269 F 13266 ✓ F 13266

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 556 Orchard St., 17 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Batson

(a) Residence: No. 556 Orchard St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Ora Batson

DATE OF BIRTH (month, day, year) June 4, 1871

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	11	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co. Md.

13. NAME William Batson

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Susanna Hall

16. BIRTHPLACE (city or town) (State or country) Md

INFORMANT Ora Batson

(Address) 556 Orchard St

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 6/5/ 1935

UNDERTAKER Frances A. Hendley

(Address) 525 W. Pratt St.

FILED 1935 Assistant Registrar ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to June 2, 1935

I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	1 day

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edward J. Heatley, M. D.

(Address) 1230 Druid Hill Ave

D. B. 2268-9

F 13267

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13267

46-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3100 Royston Ave St., 27 Ward)

Length of residence in city or town where death occurred 5/ yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. Miller

(a) Residence: No. 3100 Royston Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rachel Nicholl Miller

DATE OF BIRTH (month, day, year) Sept 29 1873

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
61	8	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date decedent last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME George Miller

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Katherine Reinhart

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md.

17. INFORMANT Rachel Miller
(Address) 3100 Bayonne Ave

18. BURIAL, CREMATION, OR REMOVAL
Date 6/5/35 19
Place Old Pucks
19. UNDERTAKER ... (Address) 3363 Frankford Ave

20. FILED JUN 5 - 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3/35 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935 to 6/3/35 19
I last saw h alive on 6/3/35 19 . Death is said to have occurred on the date stated above, at 10.P m.

The principal cause of death and related causes of importance were as follows: Carcinoma of Stomach — Date of onset ...

Other contributory causes of importance: ...

Name of operation Gastrostomy Date of 8 5 35

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
No If so, specify ...

(Signed) Geo A Zollers M. D.

(Address) 5703 Harford Rd

✓ F 13268

13268 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S Veteran specify WAR

2. FULL NAME John C. Bates.

(a) Residence: No. 107 S. Ann St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Evelyn.

7. DATE OF BIRTH (month, day, year) 1/6/40.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
95.	4	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Vermont.

13. NAME Edw N.

14. BIRTHPLACE (city or town) (State or country) Vermont.

15. MAIDEN NAME Nancy Swallow

16. BIRTHPLACE (city or town) (State or country) Vermont.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 7, 1935

19. UNDERTAKER John F. Denny

(Address) 712 Light St.

FILED 6-7-1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/9, 1935 to 6/3, 1935

I last saw him alive on 6/3, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Senility	5
Enteritis acclevensis	3

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Ralph H. Pyle, M. D.

(Address) Balto City Hosp.

F 13269

HEALTH DEPARTMENT—CITY OF BALTIMORE

13269

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Augustus Blackens

(a) Residence: No. 714 N. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/1/~~75~~ 80

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
55 ~~00~~.	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

13. NAME Augustus Blackens. Sr.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Cousins ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Ricardo Bess.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Cem. Date June 1935

19. UNDERTAKER Mrs Florence E. Elliott
(Address) 1129 Gardner St. Huntington Pittsburgh, Pa.

20. Filed 1935, ... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/21, 1935 to 6/1, 1935

I last saw h[illegible]live on 6/1, 1935 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	6 mos

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roland A. Peters M. D.

(Address) Balto City Hosp

F 13270

13270 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 14-3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 56 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Smackum

(a) Residence: No. 2138 Division St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha.

7. DATE OF BIRTH (month, day, year) 10/12/1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, retd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co, Md.

13. NAME Jessie Smackum

14. BIRTHPLACE (city or town) (State or country) Va (?)

15. MAIDEN NAME Mary Harris

16. BIRTHPLACE (city or town) (State or country) Va (?)

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 6, 1935

19. UNDERTAKER U. G. Brooks & Carey & Hamilton Williams
(Address) 1463 Harlem Ave

FILED 6-1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/31, 1935 to 6/2, 1935

I last saw him alive on 6/2, 1935 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	5 mo

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 13271

HEALTH DEPARTMENT—CITY OF BALTIMORE

13271

CERTIFICATE OF DEATH

1131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2206 Park Ave St., 13 Ward)

Length of residence in city or town where death occurred Lifetime How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dr. Sylvan H. Likes

(a) Residence: No. 2206 Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Mamie B. Likes

DATE OF BIRTH (month, day, year) Nov. 7, 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	6	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Henry Likes

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Lina Rosenthal

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. A. Likes

(Address) Marlborough & Gold.

BURIAL, CREMATION, OR REMOVAL

Place Oheb Shalom Date June 6, 1935

UNDERTAKER David Sonnheim & Son

(Address) 1902 Eutaw Place Huntington Hotel

FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to June 6, 1935

I last saw him alive on June 5, 1935 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis - Hypertension	3 years
Arteriosclerosis -	3 years

Other contributory causes of importance:

Uremia -	2 wks

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) I. Frederick Leitz M. D.

(Address) Temple Garden Apts

F 13272

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 15 — 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2207 Roslyn Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lottie Bailey King

(a) Residence: No. 2207 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
(or) WIFE of Joseph A. King

DATE OF BIRTH (month, day, year) March 1, 1873

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk
(State or country) Va.

13. NAME John R. Bailey

14. BIRTHPLACE (city or town) Church Creek
(State or country) Dorchester Co. Md.

15. MAIDEN NAME Addie L. Webber

16. BIRTHPLACE (city or town) Maine
(State or country)

17. INFORMANT Joseph A. King
(Address) 2207 Roslyn Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 6 1935

19. UNDERTAKER George J. Smith
(Address) 1900 Eutaw Place

JUN 5 - 1935

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 — 1934 to June 4 — 1935

I last saw h[illegible] alive on June 3 1935 Death is said to have occurred on the date stated above, at 8 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis with acute dilat. myocardium	10-34
Hypertension & Arteriosclerosis	6/35
Cerebral Embolism, Cerebral	6/35

Other contributory causes of importance:
Arteriosclerosis with degeneration of kidneys & liver

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

F 13273

F 13273

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 108 Wyndhurst Ave. St., 27 Ward)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James H. Anderson

(a) Residence: No. 108 Wyndhurst Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of: unknown

DATE OF BIRTH (month, day, year): unknown

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

13. NAME: unknown

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Georgeanna Lee

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Henry Hannah

(Address) 108 Wyndhurst Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Bel Air Md. Date June 6. 1935

19. UNDERTAKER John O. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June May 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935, to June 5, 1935

I last saw him alive on June 4, 1935. Death is said to have occurred on the date stated above, at 12 35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
cerebral arteriosclerosis	2-11-35
Other contributory causes of importance: cerebral hemorrhage	6-4-35

Name of operation ——— Date of

What test confirmed diagnosis clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Karl W. Ekelin, M. D.

(Address) Medical Arts Bldg.

D. B 1268-9

T 13274

3274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Emil Linn

(a) Residence: No. B. & R.C. Dist A. Salvation Army; ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	not known

If married, widowed, or divorced HUSBAND of (or) WIFE of ✕

DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 60	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. unknown 1986

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salvation Army worker

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) New Haven Conn.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Unknown " "

15. MAIDEN NAME " "

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Mrs. Etta Johnson

(Address) State. Brookline Mass

BURIAL, CREMATION, OR REMOVAL

Place Interment of Md Date June 5 . 1935

UNDERTAKER .....

(Address) .....

FILED 5-1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchial pneumonia

Other contributory causes of importance:

Unknown — probably Pulmonary tuberculosis.

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. H. V. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 13275

H. D. B. 1208-9

13275 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ x 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospital St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Mabel Cooper

(a) Residence: No. Jones Creek, Sparrows Point St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-3-72

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Michigan

13. NAME Elihe Linkteter

14. BIRTHPLACE (city or town) (State or country) Michigan

15. MAIDEN NAME Mary Ann Burnett

16. BIRTHPLACE (city or town) (State or country) Michigan

17. INFORMANT Mrs. Violet Patterson
(Address) Jones Creek Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Carmel Cem Date 6/6, 1935

19. UNDERTAKER Theo. J. Frankowski Inc
(Address) 1006 S. Kenwood Ave

Filed , 19 Registrar.

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-3-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-31-35, 19, to 6-3-35, 19

I last saw her alive on 6-3-35, 19. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pachymeningitis	
Other contributory causes of importance: Pneumonia Primo	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert N Allison, M. D.
(Address) Bon Secours Hospital

3276

F 13276

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3601 Belvedere Ave St., 7 Ward)

Length of residence in city or town where death occurred? ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William A. Reinhardt

(a) Residence: No. 3601 Belvedere St., ... Ward.
(Usual place of abode) 25 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed or divorced, HUSBAND of (or) WIFE of: Gracie E.

7. DATE OF BIRTH (month, day, year): July 26, 1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	75	10	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Harness Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shop 1088

10. Date deceased last worked at this occupation (month and year): 1935

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Waynesboro Pa

13. NAME of father: unknown

14. BIRTHPLACE (city or town) (State or country): Pennsylvania

15. MAIDEN NAME of mother: unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

INFORMANT: Howard T. Bridenbaugh

(Address) 3601 Belvedere Ave

BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: 1/6/35

UNDERTAKER: Lippian & Co

(Address) 1217 St Paul St

FILED: 1935 Huntington Williamsport Pa

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-7-35

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to June 1, 1935

I last saw him alive on June 4 1935. Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) — Date of onset: 6 mo

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Charles J. Wells, M. D.

(Address) 5276 Park Ave

H. D. B. 1268-9

F 13277

13277

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 520 W. Preston St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cora Payne

(a) Residence: No. 520 W Preston St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jos. Payne

7. DATE OF BIRTH (month, day, year) Nov. 6 - 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
40	41	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Bosley Griffin

14. BIRTHPLACE (city or town) (State or country) not known

15. MAIDEN NAME Jennie Carr

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Agnes Payne

(Address) 520 W. Preston St

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date June 5 1935

19. UNDERTAKER Eugene Payne

(Address) 2427 Edmondson Ave

Huntington Village Md.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 - 1935 to June 2 1935

I last saw h[illegible] alive on June 2 1935 Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	not known

Other contributory causes of importance: none known

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas. J. Kelly M. D.

(Address) 222 W. Monument St.

D. B. 1268-9

F 13278

13278

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 83 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary E. Lehenmant

(a) Residence: No. 1404 W Lexington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) May 18 1852

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	83	0	20	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Wiley

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Rebecca Powell

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mary E Forestal

(Address) 1400 W Lexington St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 6 1935

19. UNDERTAKER Vernon Kechner

(Address) 202 Edmondson Ave

20. FILED 1935 Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27 1935 to June 4 1935

I last saw h[illegible] alive on June 4 1935 Death is said to have occurred on the date stated above, at 4 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uraemia	1 wk Duration
Other contributory causes of importance: Chronic Nephritis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Edwin B Jones M. D.

(Address) 1115 St. Paul St

D. B. 1268-9

3279) Sara J. Glessner F 13279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospital Green & Redwood St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Jane Glessner

(a) Residence: No. Berlin Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	S.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 31 1928

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
6 years	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Somerset Pa.

13. NAME OF FATHER John H. Glessner

14. BIRTHPLACE (city or town) (State or country) Lystia Pa

15. MAIDEN NAME OF MOTHER Susiana Meyers

16. BIRTHPLACE (city or town) (State or country) Berlin Pa.

INFORMANT John H. Glessner
(Address) Berlin Pa.

BURIAL, CREMATION, OR REMOVAL
Place Berlin Pa. Date 6/7/35 19

UNDERTAKER Fredrick L. Cole
(Address) 1200 D Lombard St

FILED 1935 Huntington Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1935 to 6-5 1935

I last saw her alive on 6-5 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Otitis Media, Bilateral	4-26-35
Mastoiditis, right	5-28-35

Other contributory causes of importance:

Scarlet Fever	4-15-35

Name of operation Mastoidectomy Date of 6-4-35

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. L. Fearing M. D.

(Address) University Hospital

H. D. P. 1208-9

✓ F 13280

13280 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 11 Ward)

Length of residence in city or town where death occurred 20 yrs. -- mos. -- ds. How long in U. S. If of foreign birth -- yrs. -- mos. -- ds.

2. FULL NAME Mrs John W m Nicol (Mary) (Mary Collier Nicol)

(a) Residence: No. 13 E Read St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Nicol

6b. DATE OF BIRTH (month, day, year) Feb. 11, 1886

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Saulsbury Maryland

13. NAME Levin D. Collier

14. BIRTHPLACE (city or town) (State or country) Saulsbury Maryland

15. MAIDEN NAME Louise Bracton

16. BIRTHPLACE (city or town) (State or country) Saulsbury Maryland

17. INFORMANT Mrs. Walter S. Sheppard

(Address) Saulsbury, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 6/7 35

19. UNDERTAKER Keeley & Meadows Inc

(Address) 1417 E. Oliver St

Filed 1935 Harrington Williams Jr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935, to June 4, 1935

I last saw h er alive on June 4, 1935 Death is said to have occurred on the date stated above, at 7.03 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary embolus — Date of onset 6-1-35

Other contributory causes of importance:

Thyrotoxicosis

Name of operation Thyroidectomy Date of 5-24-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Landon Timberlake M. D.

(Address) Union Memorial Hospital

H. D. P. 1268-9

13281 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 13281

CERTIFICATE OF DEATH

92-a

1. PLACE OF DEATH U.S. Marine Hospital, Baltimore, Md. Registered No.

CITY OF BALTIMORE: (No. ..... St., 9 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alfred J. Boemmel

(a) Residence: No. 1548 Carswell St., Balto., Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Anita Enteman Boemmel

DATE OF BIRTH (month, day, year) November 11, 1895

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	6	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. Correspondent

10. Date deceased last worked at this occupation (month and year) April, 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

13. NAME Arthur Boemmel

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Walburga Junior

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Records, U.S. Marine Hospital
(Address) Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cemetery Date June 8, 1935

19. UNDERTAKER Elmer V. Conkling
(Address) 924 E. Eager St.

20. FILED 1935 Huntington Preserving Co. Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 4, 1935

I last saw him alive on June 4, 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valv. heart disease, mitral insuff.	8 years
Angina Pectoris rheumatic	6 wks.
Myocarditis, chronic	?
Auricular Fibrillation	?
Hypertension, artery	?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Find. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) E. S. Leader, M. D.

(Address) U.S. Marine Hospital

H. D. B 1268-9

✓ F 13282

13282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2305 Roslyn Ave. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma J. Childs

(a) Residence: No. 2305 Roslyn Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Edward W. Childs

DATE OF BIRTH (month, day, year) Sept. 20, 1848.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Wm. Randolph Sewell

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ann Elizabeth Hawkin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT William W. Childs

(Address) 212 S. Gilmor St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date June 5, 19 35

19. UNDERTAKER Henry A. Wilkes

(Address) 4101 Edmondson Ave.

20. FILED JUN 5 1935 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from January 10 . 1935 to June 4 . 1935

I last saw her alive on June 3 . 1935. Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile arterio-Sclerosis	About 1930
Cerebral Hemorrhage	6-1-35
Other contributory causes of importance:	

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Henry A. Wilkes M. D.

(Address) 1203 W Fayette St

H. D. B. 1268-B F 13283

F 13283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X V 121

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Green & Redwood St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME H. Randolph Wade

(a) Residence: No. Severn, P.O. Crain Highway below Glen Burnie Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M.

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine R Wade

DATE OF BIRTH (month, day, year) Feb 4 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	3	22 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own farm

10. Date deceased last worked at this occupation (month and year) May 30 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Glen Burnie Md

13. NAME James F Wade

14. BIRTHPLACE (city or town) (State or country) Glen Burnie Md

15. MAIDEN NAME Margaret A Wheeler

16. BIRTHPLACE (city or town) (State or country) Glen Burnie Md

17. INFORMANT Mrs Catherine R Wade Crain Highway Glen Burnie Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/10/35 19

19. UNDERTAKER John T Denny

(Address) 715 Light St

FILED 6-1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-30 1935 to 6-5 1935

I last saw him alive on 6-5 1935 Death is said to have occurred on the date stated above, at 4:10 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colombal appendicitis	5-30-35
Cardiac Failure	6-5-35

Other contributory causes of importance:

Name of operation appendectomy Date of 5-30-35

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify

(Signed) W. H. Fearing M. D.

(Address) University Hospital.

F 13284

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13284

CERTIFICATE OF DEATH

46c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 17 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 35 yrs. ... mos. ... ds.

2. FULL NAME Mrs. Margaret Schnurman

(a) Residence: No. 661 W. Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6. If married, widowed, or divorced (or) WIFE of Mr. Harry Schnurman

DATE OF BIRTH (month, day, year) Dec 25th 1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) 934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME Mr. Cornelius Campbell

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary McMechiman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Harry S. Schnurman

(Address) 661 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 7th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED 6 - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1935, to June 6, 1935

I last saw her alive on June 4, 1935. Death is said to have occurred on the date stated above, at 4:45 A.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Colon (?) — Date of onset unknown

Other contributory causes of importance:

Intestinal obstruction

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wesley J. Keitz M. D.

(Address) Church Home & Inf.

F 13285

F 13285

82B

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1—PLACE OF DEATH 530 Arlington Ave

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ST., 18 WARD)

2—FULL NAME Vivian Muriel Gross

(a) RESIDENCE NO. 530 Arlington ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	A.A.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, and year) 2/19/1920

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
15	15	3	16	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) Balto
(State or country) Maryland

10 NAME OF FATHER Clarence Francis Gross

11 BIRTHPLACE OF FATHER (city or town) Balto
(State or country) Maryland

12 MAIDEN NAME OF MOTHER Ann Eleanor Gross

13 BIRTHPLACE OF MOTHER (city or town) Calvert Co.,
(State or country) Maryland

Informant Clarence Gross (Father)

(Address) 530 Arlington Ave

Filed 19 Registrar

C-1025

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/4/35

17 I HEREBY CERTIFY, That I attended deceased from 5/31, 1935, to 6/4, 1935, that I last saw h[illegible] alive on 6/4, 1935, and that death occurred, on the date stated above, at 1.30 A m.

The CAUSE OF DEATH* was as follows:

Cellulitis of Scalp
Thrombosis of Lateral Sinus

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Apical Abscess

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? [illegible]

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Carson L. Johnson, M. D.

6-5, 1935 (Address) 1902 Penna Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn — DATE OF BURIAL June 6 1935

20 UNDERTAKER Samuel W. Chase & Son — ADDRESS 638 N. Gilmor

Spec.—1-12-23—M&T—500 Blks.

F 13286

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13286

CERTIFICATE OF DEATH.

159

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE (No. 130 N. Castle ST. 6 WARD)

2-FULL NAME Infant Zacharko

(a) RESIDENCE NO. 130 N Castle ST. WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M

4 COLOR OR RACE W

5 Single, Married, Widowed, or Divorced, (write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 4, 1935

7 AGE Years Months Days If LESS than 1 day, hrs. or 6 min.

Premature birth

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER Harry Zacharko

11 BIRTHPLACE OF FATHER (city or town) (State or country) Austria

12 MAIDEN NAME OF MOTHER Teresa Myszkowska

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mr Harry Zacharko

(Address) 130 N Castle St

Filed June 6 1935 Thurston Forman Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 4 1935

17 I HEREBY CERTIFY, That I attended deceased from June 4, 1935, to June 4, 1935.

that I last saw her alive on June 4, 1935

and that death occurred, on the date stated above, at 6:15 P. m.

The CAUSE OF DEATH* was as follows:

Premature birth (6 mos.)

(duration) yrs. mos ds.

CONTRIBUTORY (Secondary) —

(duration) yrs mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

*What test confirmed diagnosis?

(Signed) Israel H. Douglas M. D.

June 5, 1935 (Address) 700 E Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St Stanislaus Cem. DATE OF BURIAL June 6 1935

20 UNDERTAKER John A Weber ADDRESS 401 S Charles St

H. D. P. 1208-9 F 13287 F 13287

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No. 461
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 21 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosie Ann Davis Rosieann Davis

(a) Residence: No. 1124 Riby Cong St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced (b) WIFE of Joseph Davis

7. DATE OF BIRTH (month, day, year) March 15 1873

AGE: Years 62 | Months 2 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1931 | 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

13. NAME OF FATHER John Collins

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME OF MOTHER Minnie Cullen

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Record (Address) Middletown Md.

18. BURIAL, CREMATION, OR REMOVAL Christ Reformed Date June 8 1935

19. UNDERTAKER John C. Miller (Address) 2435 E. Eleven Mile

20. FILED JUN 6 1935 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from April 30 1935 to June 5 1935

I last saw her alive on June 5 1935 Death is said to have occurred on the date stated above, at 12:45 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus Date of onset 1934

Other contributory causes of importance:

Broncho-pneumonia 6/3/35

Name of physician Leo Slonsky Date of 6/12/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Leo Slonsky M. D.

(Address) Mercy Baltimore Hospitals

D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13288

13288

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 406 N. Pearl St. St., 17 Ward)

gth of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Holton Walley or Wallace

(a) Residence: No. 406 N. Pearl St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	B.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day and year) April 15, 1902

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	32	I	16 17	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 067

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) Md
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn, Date June 6th 35, 19

UNDERTAKER Elwin C. Wilson
(Address) 1000 Y. Baltimore Ave

FILED ... 19... Huntingdon Pennsylvania

JUN 6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day and year) June 2, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	about I Week

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. R. Goodman, M. D.

(Address) 2737 W. North Ave

M. D. No. 13289 ✓ F 13289

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1615 Eddot St. 25 Ward) Centre Pk.

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? 50 yrs. mos. ds.

2. FULL NAME Valentine Brunet

(a) Residence: No. 1615 Eddot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of *(or) WIFE of Mary Brunet

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Switzerland

FATHER

13. NAME Frank Brunet

14. BIRTHPLACE (city or town) (State or country) Switzerland

MOTHER

15. MAIDEN NAME Marie Bucher

16. BIRTHPLACE (city or town) (State or country) Switzerland

17. INFORMANT Mrs. Mary Brunet

(Address) 1615 Eddot St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 8 1935

19. UNDERTAKER Frank Tracht & Sons

(Address) 1726 Eutaw St.

20. FILED 19 Registrar

6-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29 1935 to June 3rd 1935

I last saw h[illegible] alive on June 3d 1935 Death is said to have occurred on the date stated above, at 1.02A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Degeneration Cerebral Hemorrhage	May 29

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. Luckett M. D.

(Address) 530 Washington Ave

D. B 1268-9

F 13290

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13290

CERTIFICATE OF DEATH

92a

1. PLACE OF DEATH 1760 W. Park Ave. near North Ave. Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E. Wagner

(a) Residence: No. 817 W. Fayette St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma Beck Wagner

DATE OF BIRTH (month, day, year) .....

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	3	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0050

10. Date deceased last worked at this occupation (month and year) June 3, 1931

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John C. Wagner

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Beck

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Henry C. Wagner

(Address) 526 W. Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date June 6, 1931

19. UNDERTAKER Frank V. Pipitone

(Address) 251 E. Baltimore St

20. FILED JUN 7 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 4 15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	unknown
Other contributory causes of importance: Arteriosclerosis and Anemia	unknown

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hann, M. D.

Coroner

(Address) 1216 Hanover St

M. D. B. 1268-9

13291

HEALTH DEPARTMENT—CITY OF BALTIMORE

13291

CERTIFICATE OF DEATH

X-51F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Jenkins Memorial Hospital

CITY OF BALTIMORE: (No. 1000 Caton Ave. Ward 25)

Length of residence in city or town where death occurred ..... yrs. 11 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles Francis Connor

(a) Residence: No. 1406 Meridian Place St. Ward.
(Usual place of abode) N.W. Wash. D.C. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 17 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	76	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer 0042

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Urbana (State or country) Ohio

FATHER

13. NAME Daniel Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget McCarthy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jenkins Memorial Hosp (Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Druid Hill Ave. Date 6-6 1935

19. UNDERTAKER Wm. H. Tucker & Son (Address) Gaither & Pa.

20. FILED ..... 19..... Registered No. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to June 6th 1935

I last saw him alive on June 6th 1935. Death is said to have occurred on the date stated above, at 8 35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Penis	1932
Inguinal Metastases	1934
Anemia & Cachexia	1934

Other contributory causes of importance:

Name of operation ..... Date of 1933

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G. Merkel M.D.

(Address) St. Agnes Hosp

D. B 1268-9

13292 F 13292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 522 Wyath St., 21 Ward)

Length of residence in city or town where death occurred 12 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James F. Keane

(a) Residence: No. 522 Wyath St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mass ?

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT "
(Address)

BURIAL, CREMATION, OR REMOVAL
Place National Cem. Date 6/ , 19 35

UNDERTAKER Robert Brooks Sons
(Address) Calvert + Fallsway

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 1 35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on June 1, 19 35. Death is said to have occurred on the date stated above, at 11 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/1/35
Other contributory causes of importance:	
Alcoholic	12 yrs

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify ...

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

F. D. P. 1269-9

F 13293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13293

345-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: No. ... St., 17 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Gordon

(a) Residence: No. 1102 Penna Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed or Divorced (write the word): Married

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Rosa Gordon

7. DATE OF BIRTH (month, day, year): Nov 24 1877

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	6	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Barber Shop

10. Date deceased last worked at this occupation (month and year): 1/35

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Virginia

13. NAME of father: Richard Gordon

14. BIRTHPLACE (city or town) (State or country): Va

15. MAIDEN NAME of mother: Elizabeth ?

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Joseph Blizzard

18. BURIAL, CREMATION, OR REMOVAL: Mt Carmel Cem 6/6/35

19. UNDERTAKER (Address): Sam'l Bayley 818 Lanvale St.

20. FILED 1935 . 19 Huntington Millware, N.H. Registrar. 6/5/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 1935 to June 2 1935

I last saw him alive on June 2 1935 Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Mouth	1934
Other contributory causes of importance: Bronchopneumonia	2 days
Inf. of Scalp	2 days

Name of operation: ... Date of: ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Donald H. Gorsuch M. D.

(Address) Balto City Hospitals

D. P. 1268-9

F 13294

HEALTH DEPARTMENT—CITY OF BALTIMORE

13294 X167

CERTIFICATE OF DEATH

Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1336 Homestead St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Arnold Piper

(a) Residence: No. Glen Arm, Maryland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) July 18, 1895

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	10 11	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Glen Arm Maryland.

13. NAME A. G. Piper

14. BIRTHPLACE (city or town) (State or country) Harford County Maryland.

15. MAIDEN NAME Mamie E. Monroe

16. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland.

INFORMANT Ella Hamlick
(Address) 1706 St. Paul St.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Chapel Glen Arm Date June 7", 1935

UNDERTAKER C. E. Archer, Form Inc. Huntington Williams,
(Address)

FILED 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 5.05 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Brain	—

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury June 5 . 1935

Where did injury occur? 1336 Homestead St. Balto, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Friend's Home as above.

Manner of injury Pistol Shot

Nature of injury Bullet Wound of Brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Paul Schenker M. D.
Coroner

(Address) 1919 E. North Ave.

B. D. P. 1268-9

B 13295

13295 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 107-a

CITY OF BALTIMORE: (No. St., 18 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Fischer

(a) Residence: No. 9350 Mulberry Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Fischer

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Ga

13. NAME Simeon Wallace

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Mt Auburn Date June 7, 1935

19. UNDERTAKER Mrs Katie B Wallace

(Address) 322 S Spruce St Huntington Pathways, Md.

20. FILED June 8, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 4, 1935 that I last saw her alive on June 4, 1935 and that death is said to have occurred on the date stated above, at 4:30 AM

The principal cause of death and related causes of importance were as follows:

Pulmonary Edema — Date of onset ?

Other contributory causes of importance: Diabetes Mellitus 6/1/35

Name of operation None Date of ?

What test confirmed diagnosis? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Signed Samuel Hyatt M. D.

(Address) Balto City Hospital

13296 13296

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Hospitals St., 14 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Suvernus Street

(a) Residence: No. 2121 Etting st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Mae Street

7. DATE OF BIRTH (month, day, year) Nov. 27, 1906

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	28	6	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia
13. NAME Edmond Street
14. BIRTHPLACE (city or town) (State or country) North Carolina
15. MAIDEN NAME Ida Wright
16. BIRTHPLACE (city or town) (State or country) North Carolina
17. INFORMANT Hospital records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date June 6, 35
19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 Pennsylvania Ave
Huntington Williams, M.D.
FILED 6-1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935
22. I HEREBY CERTIFY, That I attended deceased from October 19, 1934 to June 4, 1935
I last saw him alive on June 4, 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1932
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Meyer Jacobson, M. D.
(Address) Baltimore City Hospital

H. D. P. 1268-9

F 13297

13297 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 34-D-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Williams

(a) Residence: No. 911 Born Court St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Jan 20,

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42	4	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D C

13. NAME Bud Williams

14. BIRTHPLACE (city or town) (State or country) Washington D C

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Lillie Williams

(Address) 902 Born Court

18. BURIAL, CREMATION, OR REMOVAL

Place Pat Auburn Date June 8, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 [illegible] St Washington Funeral Home, Inc.

20. FILED 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5-4-35, 19 ... to 6-5-35, 19 ...

I last saw her alive on 6-5-35, 19 ... Death is said to have occurred on the date stated above, at 2.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congestive Heart Failure	
Rheumatic Cardio vascular Disease	

Other contributory causes of importance:

Auricular Fibrillation	
Aortic Insufficiency	

Name of operation None Date of ...

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hugh B. McNally, M. D.

(Address) University Hospital

H. D. P. 1268-9

F 13298

3298

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph's Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Lennon 5410 Pentrake Rd

(a) Residence: No. St Joseph's Hosp. St., Ward. Maternity

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) 6-5-35

8. AGE — Years — Months — Days — If LESS than 1 day 14 hrs. or ... min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: D.N.D.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country) St Joseph's Hosp. Baltimore Md.

13. NAME Myron Lennon.

14. BIRTHPLACE (city or town) (State or country) Damondale Mich.

15. MAIDEN NAME Pauline Kehne

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Myron Lennon

(Address) 345 Pembroke ave

18. BURIAL, CREMATION, OR REMOVAL

Place Bolton Date 6-6 1935

19. UNDERTAKER Fillmore Zeller & Co

(Address) 403 So Eutaw St

20. FILED 6-7-1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-5-35 19 ... to 6-6- 1935

I last saw him alive on 6-6 1935 Death is said to have occurred on the date stated above, at 2:20 Am.

The principal cause of death and related causes of importance were as follows:

Prematurity (7 month pregnancy) — Date of onset .....

Other contributory causes of importance:

Maternal hypertension — Date of onset ?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) J M Wagenseller M. D.

(Address)

F 13299

D. B 1268-9

13299

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Betzil

(a) Residence: No. Middle River, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) October 26, 1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63 64	7	10 7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Henry Betzil

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Anna Doetzer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New. Cathedral 4am. June 7 1935

19. UNDERTAKER Tilly & Zeller

(Address) 703 So. Wolfe

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to June 5, 1935

I last saw h[illegible] alive on June 5, 1935 Death is said to have occurred on the date stated above, at 7:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	9 days
Other contributory causes of importance:	
Generalized Arteriosclerosis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard L Zwick M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 13300

13300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma McClelland

(a) Residence: No. 934 S. Conklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of John McClelland

DATE OF BIRTH (month, day, year) Nov. 11/1875

AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
59	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Goerge Lammaers

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mary Lebrun

(Address) 1222 63 Rd. St.

BURIAL, CREMATION, OR REMOVAL

Place St. Thomas Date June 8/35

UNDERTAKER Lilly & Zickenstein

(Address) 405 S. Broadway

FILED 1935 ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h... alive on ..... 19.. Death is said to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy	June 3 1935
probably Arteriosclerosis	

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify.

(Signed) ..... M. D.

(Address) 1010 S. Ellwood Ave.

F 13301

D. B. 1268-9

3301

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat 24 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary A Kelley

(a) Residence: No. Ardmore, Pa St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) April 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	57	2		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Berwyn Penna

13. NAME James Kelley

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Elizabeth Meehan

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Wm Mc Conaghy Wyoming & Lancaster Ave

BURIAL, CREMATION, OR REMOVAL

Place Ardmore Pa Date 6/8/35, 1935

UNDERTAKER Williams Cook

(Address) 129 S St Paul St Baltimore Md

JUN 6 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 25, 1930 to June 6, 1935

I last saw her alive on June 6, 1935 Death is said to have occurred on the date stated above, at 12.53a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Parenchymatous nephritis	1932 over
Chr. Myocarditis Involution d. Melancholia	1929

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Chemical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton P Ihell, M. D.

(Address) Mt Hope Retreat

H. D. B. 1268-9

13302 ✓ F 13302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. 6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucille Galleano

(a) Residence: No. 2512 E. Balto. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 11/15/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	6 mo	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME John Galleano

14. BIRTHPLACE (city or town) (State or country) Balti Md

15. MAIDEN NAME Vina Dunkle

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT John Galleano

(Address) 2512 E Balto St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeem Date June 8 1935

19. UNDERTAKER Wendell J Lippel

(Address) 405 Gough St

20. FILED - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4 1935 to June 5 1935

I last saw h alive on June 5 1935 Death is said to have occurred on the date stated above, at 10 40 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	
Secondary Anemia -	
Broncho pneumonia	

Other contributory causes of importance: over

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

D. B 1268-9

F 13303

HEALTH DEPARTMENT—CITY OF BALTIMORE

13303

CERTIFICATE OF DEATH

173

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marguerite A. Griffith

(a) Residence: No. 1336 Homestead St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 4, 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0504

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Owings Calvert Co. Md.

13. NAME Robert F. Griffith

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Margaret Trott

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Mrs Carey Hinman

(Address) 1336 Homestead St.

BURIAL, CREMATION, OR REMOVAL Md

Place Owings, Calvert Co. Date June 8, 1935

UNDERTAKER E. Leroy Stauffer Inc.

(Address) 1551 North Ave

FILED 1935, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on January, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wound in Chest and abdomen	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide of injury June 5, 1935

Where did injury occur? 1336 Homestead St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Gunshot wounds

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. J. Digiulio M. D.

Coroner

(Address) Coroner

D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 133304

133304

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. John Nassner

(a) Residence: No. 3719 Foster ave. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 24, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	24	7	10	9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Copper Works

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Mr Frederick Nassner

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Bernadine Dahn

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs John Wilson

(Address) 3719 Foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date June 4, 1935

19. UNDERTAKER John A. Hogan

(Address) 3000 E. Balto St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30, 1935 to June 3, 1935

I last saw him alive on June 3, 1935. Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	5/29/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical + Tubercle Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Vernon H Norwood, M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

✓ F 13305

13305 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

1. PLACE OF DEATH St. Joseph's Hosp. Registered No.

CITY OF BALTIMORE: (No. Caroline & Hoffman Sts.) (17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Leach

(a) Residence: No. 3130 Guilford Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rose E. Leach

6. DATE OF BIRTH (month, day, year): June 13-1866

7. AGE — Years: 69 | Months: 4 | Days: 23 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

13. NAME OF FATHER: Michael Leach

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME OF MOTHER: Catherine Mullen

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Rose E. Leach
(Address): 3130 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date June 8 19 35

19. UNDERTAKER: Chas. H. Grass & Son
(Address): 115 W. Lanvale St.

20. FILED 19 35 Huntington Williams Registrar.

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6th 35

22. I HEREBY CERTIFY, That I attended deceased from April 25 1935 to June 6 1935

I last saw him alive on June 6 1935 Death is said to have occurred on the date stated above, at 1:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign hypertrophy Prostate	Jan 22 1935

Other contributory causes of importance:

arteriosclerosis

Name of operation Prostatectomy Date of 5-13-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

Signed W. W. Magruder, M. D.

(Address)

F. D. B. 1268-9

13306 ✓ F 13306

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH Good Shepherd General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510 – 14 N. Gilmor St., 2 Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Oates

(a) Residence: No. 442 Conaways St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	A. A.	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1865

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	70	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kington
(State or country) Jamaica

13. NAME Patrick Oates

14. BIRTHPLACE (city or town) Kington
(State or country) Jamaica

15. MAIDEN NAME Margaret ?

16. BIRTHPLACE (city or town) Kington
(State or country) Jamaica

17. INFORMANT Patient (William Oates
(Address) Good Shepherd Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 6 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1935 to 6/6 1935

I last saw him alive on 6/5 1935 Death is said to have occurred on the date stated above, at 12 22 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular Renal disease	3 yrs.

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Carsen C. Johnson M. D.

(Address) 1802 Pennsylvania ave

M. D. B. 1268-9

✓ F 13307

3307

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 24 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Kane

(a) Residence: No. Wilmington, Dela. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James H.

7. DATE OF BIRTH (month, day, year) Aug. 20-1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	10	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila. Penna.

13. NAME William M. Seaside

14. BIRTHPLACE (city or town) (State or country) Wilmington Del.

15. MAIDEN NAME Sarah Batchelor

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Hospital Records
(Address) Mt Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Wilmington Del. Date June 6. 35

19. UNDERTAKER Chas. H. Rodgerson
(Address) 118 W. Mt Royal Ave

20. FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 . 1934 to June 6 . 1935

I last saw her alive on June 2 . 1935. Death is said to have occurred on the date stated above, at 12.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac dilatation sudden	1934
Myocardial softly degeneration	
Cardiac Hypertrophy	1931
Hypertension.	
Other contributory causes of importance:	
Obesity	1899
Paranoid Psychosis	

Name of operation. None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Milton P. Hill . M. D.

(Address) Mt Hope Retreat

M. D. F 1269-0

✓ F 13308

13308

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Ann Evans

(a) Residence: No. 4502 Wetzel Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	S

a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	2	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balt.

13. NAME James Evans

14. BIRTHPLACE (city or town) (State or country) Balt.

15. MAIDEN NAME Virginia Facey

16. BIRTHPLACE (city or town) (State or country) Balt.

17. INFORMANT James Evans
(Address) 4502 Wetzel Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date June 8 35

19. UNDERTAKER Chas. P. Maul & Son
(Address) Mulberry & Fulton Ave

20. FILED JUN 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6-35

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1935, to June 6, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 7:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cervical Adenitis → Bronchopneumonia.	2 mos.

Other contributory causes of importance:

Secondary anemia
Malnutrition.

Name of operation Incision & Drainage Date of 4/24/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H. H. Brown M. D.

(Address) Mercy Hosp.

H. D. B. 1268-9

E 13309

13309 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 500 N. Madeira St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John King

(a) Residence: No. 500 N. Madeira St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary King

6. DATE OF BIRTH (month, day, year) July 18 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME John King

14. BIRTHPLACE (city or town) (State or country) Wash. D. C.

MOTHER

15. MAIDEN NAME Catherine Beck

16. BIRTHPLACE (city or town) (State or country) Wash. D. C.

17. INFORMANT Mary Ritz
(Address) 2203 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date June 8/35 19..

19. UNDERTAKER Mrs. C. Malley & Son
(Address) 2334 Jefferson St

20. FILED 6-8-1935 21. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935, to June 5, 1935

I last saw him alive on June 5, 1935 Death is said to have occurred on the date stated above, at 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Other contributory causes of importance:	
Senility	

Name of operation. ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) B. Steiger M.D. M. D.

(Address) 1305 N. Fulton Park Ave

F 13310

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13310

CERTIFICATE OF DEATH

94B

Registered No.....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Dredge City of Baltimore Chesapeake Ave Hanover St. St. 25 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edwin S. Field.

(a) Residence: No. 3438 Hanover St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married HUSBAND of Lena Field.

DATE OF BIRTH (month, day, year) September 13 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	8	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Captain, dredge
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Baltimore
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Saugerties, N.Y.

13. NAME Thomas Field.

14. BIRTHPLACE (city or town) (State or country) New York.

15. MAIDEN NAME Anna Nuttle.

16. BIRTHPLACE (city or town) (State or country) New Jersey.

INFORMANT Lena B Field.(wife)
(Address) 446 Greenmount Ave. Grantwood, N.J.

BURIAL, CREMATION, OR REMOVAL Place Fairview Cem. Fairview N.J. Date 6/8 1935

UNDERTAKER John F. Coman & Son
(Address) 901 Hollins St

FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12 noon.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary sclerosis.	

Other contributory causes of importance:

Name of operation None. Date of ...

What test confirmed diagnosis Inquiry Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place N.J.

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) Otto M. Reinhardt M. D. Coroner
6/6/35 Address 1017 E. Charles St.

H. D. B. 1268-f

F 13311

13311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1810 N. Montford St., 8 Ward)

Length of residence in city or town where death occurred 55 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel S. Dare

(a) Residence: No. 1810 N. Montford Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Susan Dare

DATE OF BIRTH (month, day, year) July 14, 1879

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	10	23	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steam Fitter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) Nov. 1934

11. Total time (years) spent in this occupation 40yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Ephriam Emanuel Dare

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Martha Jane Edwards

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Lottie Geesler

(Address) 2033 Lindsay Lane

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date June 8, 1935

19. UNDERTAKER Henry Heuisler Sons Inc

(Address) 1935 E. Eager St.

20. FILED ... 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1933 to June 5, 1935

I last saw him alive on June 5, 1935 Death is said to have occurred on the date stated above, at 12:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	4/10/33
Chronic Cardio vascular disease	4/10/33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signed) J. Karl Grossman M. D.

(Address) 2203 E. Preston St.

M. D. H. 1268

F 13312

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 Cathedral St. St., 11 Ward)

Length of residence in city or town where death occurred 30 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Susie J. Barnes

(a) Residence: No. 809 Cathedral St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feby 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	61	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of restauraunt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cecil Co. Md.

MOTHER FATHER

13. NAME Wm. C. Barnes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary A. Barnes

(Address) Girard College Phila. Pa.

18. BURIAL, CREMATION, OR REMOVAL Cecil Co. Md.

Place Sylmell Cemy. Date June 7, 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED JUN 7 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 5, 1935

I last saw her alive on June 5, 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma breast metastases to liver	About 1 year.

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Wm. B. Sybert M. D.

(Address) 2802 Harford Road

Z. D. B. 1268-9 F 13313

F 13313

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1611 Park ave St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bettie Williamson Carr

(a) Residence: No. 1611 Park ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. Sanders Carr

DATE OF BIRTH (month, day, year): June 3-1851

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home work

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Norfolk Va

13. NAME of father: William P. Williamson

14. BIRTHPLACE (city or town) (State or country): Virginia

15. MAIDEN NAME of mother: Penelope McDonald

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Sanders Carr

(Address) 1611 Park ave

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place Norfolk Va Date June 7, 1935

19. UNDERTAKER: W. E. Siegert Sons

(Address) Baltimore Md

20. FILED June 7, 1935 [illegible] Registrar.

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935 to June 5, 1935

I last saw her alive on June 5, 1935 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset: Gradual over

Arterio-sclerosis

Hypertension

Nephritis

Other contributory causes of importance:

Pulmonary Edema

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Woody, M. D.

(Address) 140 Stack ave.

M. D. P. 1934-9 13314 ✓ F 13314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH Union Memorial Hospital
CITY OF BALTIMORE: (No. ..... St., 28 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Eugenia Fairfax Eversfield

(a) Residence: No. 3614 Mohawk Avenue St., Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct 5 1865

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	8	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Realtor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school - Md
10. Date deceased last worked at this occupation (month, year) Sept 1934
11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (city or town) (State or country) Prince George Co Md
13. NAME OF FATHER John L. Eversfield
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME OF MOTHER Lucy Herbert
16. BIRTHPLACE (city or town) (State or country) Maryland
17. INFORMANT Miss Emily Eversfield
(Address) 3614 Mohawk Ave
18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore, Md Date June 8 1935
19. UNDERTAKER J. J. Tucker & Sons
(Address) 2 La Grd
20. FILED 6-7-1935 Livingston Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1935 to June 6, 1935
I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	6-5-35
Pulmonary edema	6-5-35

Other contributory causes of importance:

Hypertensive heart disease	2
Carcinoma of left breast with metastases to the lungs	2

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Henry M. Hanson M. D.
(Address) Union Memorial Hospital

D. B. 12684

F 13315

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13315

CERTIFICATE OF DEATH

166

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 614 Appleton St.

CITY OF BALTIMORE: (No. 614 Appleton St. St., 16 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Augustus Spurrier

(a) Residence: No. 614 Appleton St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma L. Spurrier

DATE OF BIRTH (month, day, year) Dec. 18 1854

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dairyman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dairy 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mt. Airy Md

13. NAME Thomas B. Spurrier

14. BIRTHPLACE (city or town) (State or country) Mt. Airy Md

15. MAIDEN NAME Margaret Adams

16. BIRTHPLACE (city or town) (State or country) Frederick Co. Md.

INFORMANT Mrs. Emma L. Spurrier

(Address)

BURIAL, CREMATION, OR REMOVAL Place Union Bridge Md. Date June 9 1935

UNDERTAKER Wm. J. Tschudy & Son

(Address) Bond & Bank Ave

FILED 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 1935

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 4-0 a.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia in both lungs — Duration of sickness 4 days

Date of onset

Other contributory causes of importance:

Hemiplegia, Partial Paralysis — 2 years, 11

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did Injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) ... M. D.
Coroner

(Address) 1216 Bank Ave

H. D. B. 1268-9

F 13316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. F 13316

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1117 Poplar Grove St. St., 16 Ward)

Length of residence in city or town where death occurred 34 yrs. 0 mos. 29 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Grace Celeste Fergusson

(a) Residence: No. 1117 Poplar Grove St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 7, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	0	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stenographer & Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Whitaker Paper Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Joseph Lee Fergusson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Lillian Gertrude Hollenbrook

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Joseph Lee Fergusson
(Address) 1117 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cemetery Date June 8, 1935

19. UNDERTAKER Harry R Ambrose & Son
(Address) 4724 Ridgewood Ave

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Congestion & Hemorrhage,

Date of onset ...

Other contributory causes of importance:

Epilepsy
Repeated attacks or seizures

Operation ...

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) C Starr M. D.
Coroner

(Address) 1216 Hanover

H. D. B. 1268-9

✓ F 13317

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13317

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1225 N. Ellwood Ave. St., 8 Ward)

Length of residence in city or town where death occurred .... yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Mrs. Mary Laupus

(a) Residence: No. 1225 N. Ellwood Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of William E. Laupus

DATE OF BIRTH (month, day, year) Jan. 1, 1883

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	5	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Fred. Eversmeier

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Catherine Muly

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Wm. E. Laupus

(Address) 1225 N. Ellwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date June 7, 1935

19. UNDERTAKER HENRY SANDER & SON, INC. Per F. Sander

(Address) Baltimore St. & Broadway

FILED 6-7-1935, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26 1935 to June 4 1935

I last saw her alive on June 3 1935 Death is said to have occurred on the date stated above, at 8.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1935 May 15
Other contributory causes of importance: Acute Nephritis	1935

Name of operation None Date of None

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) John L. Owen M. D.

(Address) 76 E. Preston St.

M. D. F. 1268-9

✓ F 13318

HEALTH DEPARTMENT—CITY OF BALTIMORE

13318

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., 34 Ward) 98 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Louise Freyer

(a) Residence: No. 3913 Foster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Herman Freyer

6. DATE OF BIRTH (month, day, year) Sept 7, 1860

7. AGE: Years 74 75 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Ludwig Walke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Rosalia Walke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Moreland Memorial Park June 8

19. UNDERTAKER John Ulrich

(Address) 2-25 Oliver St. Huntington Williams,

20. FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 '18, 19 to June 6, 1935

I last saw h alive on June 4 1935 Death is said to have occurred on the date stated above, at 7 pm

The principal cause of death and related causes of importance were as follows:

Laryngeal, edema, sclerotic, foot, right — Date of onset 1935

Other contributory causes of importance: Broncho pneumonia 6/4/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was there or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Garrett M. D.

(Address) Gilbert Ely Hosp

M. D. P. 1268-9

✓ F 13319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13319 106B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1113 W. Cross St. 21 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Julia A. Burkman

(a) Residence: No. 1113 W. Cross St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Arthur Burkman

6. DATE OF BIRTH (month, day, year): April 16-1852

7. AGE: Years 83; Months 1; Days 21/30; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: "

10. Date deceased last worked at this occupation (month and year): 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

13. NAME: Richard Watts

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

15. MAIDEN NAME: Brown

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT: Annie Doerr
(Address) 1239 W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL: Date June 8 1935
Place Mt. Olivet Cem

19. UNDERTAKER: Jos. H. Valentine
(Address) 2326 Huntington Ave, Wash. D.C.

20. FILED June 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/6/35

22. I HEREBY CERTIFY, That I attended deceased from April 1 1935 to June 6 1935

I last saw him alive on June 6 1935. Death is said to have occurred on the date stated above, at 5-30a m.

The principal cause of death and related causes of importance were as follows:

Senile Bronchitis — Date of onset 3/10/35

Other contributory causes of importance:

Cardiac Insufficiency — Date of 5/20/35

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, state how

(Signed) Shipland Dixon M. D.

(Address) 1527 Druid Hill Ave

F 13320

F 13320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 4 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Mamie Smith

(a) Residence: No. 614 Sarah Ann St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	Colored	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Unknown

7. DATE OF BIRTH (month, day, year) April 25, 1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Henry (Unknown)

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Vinia Standback

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 7, 193

19. UNDERTAKER
(Address)

FILED 7-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 3, 1935 to June 1, 1935

I last saw her alive on June 1, 1935 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Jan. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospital

M. D. P. [illegible] F 13321

F 13321

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 159

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ____ St., 26 Ward)

Length of residence in city or town where death occurred ____ yrs. ____ mos. 14 ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Girl Jefferies

(a) Residence: No. 624 Macon St., ____ Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
		14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ____

10. Date deceased last worked at this occupation (month and year) ____ | 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME Samuel Jefferies

14. BIRTHPLACE (city or town) Maryland
(State or country)

15. MAIDEN NAME Margaret Pabst

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Mrs. Margaret Jefferies
(Address) Baltimore

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 7. 19

19. UNDERTAKER ____
(Address) ____

FILED JUN 7 - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 . 1935 to June 4 . 1935
I last saw her alive on June 4 . 1935. Death is said to have occurred on the date stated above, at 12 50 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	
Diarrhea	5/30/35
Other contributory causes of importance: (Over)	
Pneumonia	6/3/35

Name of operation. ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ____ Date of injury ____ . 19 ____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ____

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____
If so, specify ____

(Signed) Elizabeth S Sauerbrey . M. D.

(Address) Baltimore City Hospital

M. D. P. 1268-9

F 13322

13322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5715 Ridgedale Road Ward) 27

Length of residence in city or town where death occurred 65 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Elizabeth Naudain

(a) Residence: No. 5715 Ridgedale Road, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John Elias Naudain

6. DATE OF BIRTH (month, day, year): Feb. 19 1870

7. AGE: Years 65 | Months 3 | Days 16 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Levi Chambers

14. BIRTHPLACE (city or town) (State or country): Howard Co. Maryland

15. MAIDEN NAME: Mary Holland

16. BIRTHPLACE (city or town) (State or country): Howard Co. Md.

17. INFORMANT: Mrs. B. L. Woolfolk
(Address) 4204 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place: Druid Ridge Date: June 8 1935

19. UNDERTAKER: Forder F. Burgee
(Address) 3631 Falls Road

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 1935 to June 5 1935

I last saw her alive on June 5 1935 Death is said to have occurred on the date stated above, at 11:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	June 5 '35

Other contributory causes of importance: Arteriosclerosis not known

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) W. Hideyhorey M. D.

(Address) 850 W. 36 St.

AaCo. 5-31 250B

F 13323

13323 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

160-B

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1118 Cleveland St. 21 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Haas

(a) Residence: No. 1118 Cleveland St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 5/35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) —
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Raymond Haas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Jennie J. Ebner

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Raymond Haas
(Address) 1118 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place St. Mathews Date 6/7/35 19

19. UNDERTAKER Philip Herrington Sons
(Address) 2216 Orleans St.

Filed 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1935, to 6/6, 1935

I last saw him alive on 6/6, 1935 death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage (New Born)	19

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Joseph R. Loudenslager, M.D.

(Address) 619 Washington Blvd

M. D. B. 1268-9

F 13324

13321

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. 700 W. 40th St., 13 Ward)

Length of residence in city or town where death occurred 77 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Isabella R. Pattison

(a) Residence: No. Home for Incurables St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec. 3rd 1859

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ooo

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Robert Pattison

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Isabella R. Taylor

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Emily Bacchus

(Address) Home for Incurables

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date 6/8 1935

19. UNDERTAKER ... 1711 E. Fayette St

20. FILED 6-7-1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 31 1935 to June 6 1935

I last saw her alive on June 6 1935 Death is said to have occurred on the date stated above, at 6.35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ol Peripheral Neuritis Causing ataxia, Cata-paraplegia Origin unde-Termined	1925
Other contributory causes of importance: Sub. acute Cellulitis of pelvic region (bed sores)	March 1935

Name of operation None Date of —

What test confirmed diagnosis? P. Ex. - Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ... None

(Signed) W W Mayo M. D.

(Address) Medical Arts Bldg.

M. D. P. 1268-9

F 13325

13325

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Thomas Lambdin

(a) Residence: No. 270 W North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, ~~widowed or divorced~~ HUSBAND of (~~or WIFE~~) Annie E. Lambdin

6. DATE OF BIRTH (month, day, year) Oct 5 1862

7. AGE: Years 72 | Months 7 | Days 20 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sep 0056

10. Date deceased last worked at this occupation (month and year) Jan 1934

11. Total time (years) spent in this occupation 9 yrs

12. BIRTHPLACE (city or town) (State or country) Cambridge Md

13. NAME Wm. Lambdin

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Elizabeth Marshall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Forkwood Date 6/8 1935

19. UNDERTAKER The Cook Co
(Address) 1210 E Baltimore St

20. FILED JUN 8 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1935 to June 5 1935

I last saw him alive on June 5 1935 Death is said to have occurred on the date stated above, at 11:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	2 yrs

Other contributory causes of importance:

Name of operation Impassable of rectum Date of 2-2-35

What test confirmed diagnosis Tissue Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo. H. Fegely M. D.

(Address) Maryland General Hosp

F 13326

H. D. B. 1268-9

3326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 17

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Rotunno

(a) Residence: No. 6411 S. Kenwood Ave St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 15-1933

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Mathew Rotunno

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Martha Caulfield

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Martha Rotunno

(Address) 6411 S. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 8, 1935

19. UNDERTAKER Martin C. Dippel

(Address) 378 Conway St

No. 711 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935 to June 6, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 9:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis (Cause)	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Dawyd J. Schwartz, M. D.

(Address) Sinai Hospital

M. D. F. 1268-9

F 13327

13327

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH United States Marine Hospital,

CITY OF BALTIMORE: (No. Baltimore, Maryland. St., 12 Ward)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rowland Barnes

(a) Residence: No. Ridge, Maryland. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	negro	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Catherine Barnes

6. DATE OF BIRTH (month, day, year) ? 18-1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
27	30	? 7	? 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deck hand

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman 1086

10. Date deceased last worked at this occupation (month and year) 6-4-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Ridge, Maryland.

FATHER

13. NAME Edward Barnes

14. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Maryland.

MOTHER

15. MAIDEN NAME Sadie Cosey

16. BIRTHPLACE (city or town) (State or country) St. Mary's Co., Maryland.

17. INFORMANT U. S. Marine Hospital Records
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL
Place Int Calvary Cem Date June 8 . 1935

19. UNDERTAKER Robert E. Williams & Son
(Address) 1515 Eutaw St

20a. FILED 6-8-1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 5, 1935

I last saw him alive on June 5 1935 Death is said to have occurred on the date stated above, at 12:50 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar, bilateral

Date of onset unknown

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

W. H. Gordon, M. D.
(Signature of physician)
(Address) U. S. Marine Hospital, Balto. Md.

H. D. B. 1268-9

F 13328

HEALTH DEPARTMENT—CITY OF BALTIMORE

13328

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 E. Biddle St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma F. Wetzel

(a) Residence: No. 600 E. Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced (or) WIFE of Robert G. Wetzel

DATE OF BIRTH (month, day, year) Dec. 16, 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	5	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck-work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Capt. Alfred Collins

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Elizabeth Boyce

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Robt. G. Wetzel

(Address) 600 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Catholic Cemetery Date 6/8/, 1935

19. UNDERTAKER E. J. Fanning & Son

(Address) 1938 E. Lafayette Ave.

20. FILED ... Registrar.

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 27, 1935, to June 5, 1935

I last saw her alive on June 5, 1935. Death is said to have occurred on the date stated above, at 4 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	1934

Other contributory causes of importance:

Uremia	3 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Wiesel M. D.

(Address) 1331 E. North Ave

pec.—2-29-28—L. F. S.—500 Bks.

13329 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13329

CERTIFICATE OF DEATH ✓ 131

REGISTERED NO.

1—PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 5010 Walther Ave. ST., 27 WARD)

2—FULL NAME Bessie Belle Brenton

(a) RESIDENCE NO. 5010 Walther Ave ST. WARD (If non-resident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female | 4 COLOR OR RACE: White | 5 Single, Married, Widowed, or Divorced, (write the word): Widowed

6 If married, widowed, or divorced: HUSBAND of (or) WIFE of Alfred Brenton

7 DATE OF BIRTH (month, day, and year) Jan. 22, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housework 0037

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country): Harrisonburg, Virginia

10 NAME OF FATHER: Chas. T. Bowman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Virginia

12 MAIDEN NAME OF MOTHER: Marshall

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Virginia

14 Informant: Mrs. Virginia Tyler (daughter)

(Address) 5010 Walther Ave.

15 Filed ... 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 6, 1935

17 I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1933, to June 6, 1935

that I last saw her alive on June 6, 1935

and that death occurred, on the date stated above, at 1:00 A.M.

The CAUSE OF DEATH* was as follows:

Arteria-sclerosis
Chronic interstitial nephritis
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Hypostatic pneumonia
(duration) yrs. mos. 1/2 ds.

18 Where was disease contracted if not at place of death? Prince George Co. Md.

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Phys. Exam. Laboratory tests.

(Signed) Charles I. Bagby M. D.

19 (Address) 2229 Eutaw Place.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cemetery

DATE OF BURIAL: June 8 1935.

20 UNDERTAKER: Mrs. John W. Tempel & Son

ADDRESS: 801 N. Fayette St.

F 13330

13330 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

V 147

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memoriol Hosp. St., 9 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Gertrude. M. Stone

(a) Residence: No. 1529 E. Carswell Ave. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced RUSBAND of (or) WIFE of Paul Stone

6. DATE OF BIRTH (month, day, year) June 23/1916

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
18	11	5 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles G. Kohlbust

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary Stanton

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Paul Stone

(Address) 1529 E. Carswell Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cem. Date June 8/35

19. UNDERTAKER Lilly & Jailey Inc

(Address) 903 S. Wolfe

20. FILED 1935 Augustus Williams, Registrar

O.K.P.N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 4 . 1935 . to June 6 . 1935

I last saw h.. alive on June 4 . 1935 . Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

a .....

b .....

c .....

d .....

Other contributory causes of importance: Investigate upon request of Coroner No autopsy per Coroner

Acute dilatation of ventricle 6/5/35

Hypertrophy of heart 6/5/35

Was an operation performed? yes Date of 6/5/35

For what disease or injury? pregnancy at term

Name of operation low forceps attempted Date of 6/5/35

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Howell Y. Flood . M. D.

(Address) Union Memorial Hosp.

F 13331

13331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Abell Ave., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lida G. Cooper

(a) Residence: No. 3101 Abell Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of: Robt. E. Cooper

DATE OF BIRTH (month, day, year): Feb 27th 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	53	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Geo. W. Pryor

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Eliza Bell

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Robert E. Cooper

(Address): 3101 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Date: June 10th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

FILED: 8-1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to June 6th, 1935

I last saw h.. alive on June 6th 1935. Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	about 1 year

Other contributory causes of importance: —

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19.....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. E. Prentiss, M. D.

(Address) 634 Gorsuch Ave

F 13332

F 13332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 119

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 N. Fulton Ave. WARD) 16

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sandra Foard

(a) RESIDENCE NO. 638 N. Fulton Ave ST., WARD X

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single.

6 If married, widowed, or divorced HUSBAND of (or) WIFE of

7 DATE OF BIRTH (month, day, and year) July 17th 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		10	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none. ~~good~~

(b) General nature of industry, business, or establishment in which employed (or employer)

(r) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER John F. Foard

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Elsie V. Hartman

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

Informant John E. Foard

(Address) 638 N. Fulton ave

Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 7th 1935

17 I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to June 6, 1935

that I last saw her alive on June 6, 1935

and that death occurred, on the date stated above, at 11 10 P. m.

The CAUSE OF DEATH* was as follows:

Enantion

Acidosis (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Diarrhea (duration) yrs. mos 10 ds.

18 Where was disease contracted if not at place of drath? —

Did an operation precede death? no, Date of —

Was there an autopsy? no.

What test confirmed diagnosis? Clinical.

(Signed) George E. Shannon, M. D.

6/7, 1935 (Address) 720 N. Fulton ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Moreland Park

DATE OF BURIAL 6/8/1935

20 UNDERTAKER Wm Cook 1217

ADDRESS St Paul st

No. 1935

F 13333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3925 W. Mulberry St., 20 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Barbara Lucy Adelsberger

(a) Residence: No. 3925 W. Mulberry St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced HUSBAND of ... (or) WIFE of ...

6. DATE OF BIRTH (month, day, year) Feb 19th 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49	3	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Md

FATHER
13. NAME John F. Adelsberger
14. BIRTHPLACE (city or town) (State or country) Md

MOTHER
15. MAIDEN NAME Ella M. Drybourc
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Ruth M. Adelsberger
(Address) 3925 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date 6/8 1935

19. UNDERTAKER Wm Cook
(Address) 1207 St Paul St

[illegible] 1935 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to June 6th 1935
I last saw her alive on June 5th 1935 Death is said to have occurred on the date stated above, at 12:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ovarial Carcinomatosis	March 1934
Other contributory causes of importance: Cardiac Insufficiency	June 1

Was an operation performed? Yes Date March 5 1934
For what disease or injury? Papillomatous Cyst of Left Ovary
Name of operation Supravaginal Hysterectomy Date of No
What test confirmed diagnosis? Micro Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George L. Wirtz, M. D.
(Address) 4000 Edmondson Ave

F 13334 F 13334

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp'l St. ..... Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Noah Gill

(a) Residence: No. 1637 Hakesley St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Cora B. Gill 73

6. DATE OF BIRTH (month, day, year): 2/18/62

7. AGE: Years 62 ~~53~~ | Months 3 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Furniture Movers 20 Yrs

10. Date deceased last worked at this occupation (month and year): 1929

11. Total time (years) spent in this occupation: 2 Yrs.

12. BIRTHPLACE (city or town) (State or country): Balto Md.

MOTHER'S FATHER'S

13. NAME: Geo. W. Gill

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Louisa Sadler

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Balto Date July 10 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul St.

FILED - JUL 8 - 1935 Huntington Williams, M.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1935 to 6/6 1935

I last saw him alive on 6/6 1935 Death is said to have occurred on the date stated above, at 6 45 a m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage — Date of onset Two

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

F 13335

F 13335

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-9-95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltic City Hosp. St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Leonard

(a) Residence: No. 1613 Edmondson Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored.

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Eva.

6. DATE OF BIRTH (month, day, year): 5/11/1903.

7. AGE — Years: 32. Months: ..... Days: 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Auto

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (city or town) (State or country): N. C.

FATHER

13. NAME: Aaron Leonard

14. BIRTHPLACE (city or town) (State or country): N. C.

MOTHER

15. MAIDEN NAME: Mary ?

16. BIRTHPLACE (city or town) (State or country): N. C.

17. INFORMANT: Records B. C. H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date June 8th 19 35

19. UNDERTAKER: Perry O Watson
(Address) 1010 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar

JUN 8 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1935 to 6/6, 1935

I last saw him alive on 6/6, 1935 Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease (?)	1932

Other contributory causes of importance: Uremia

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Baltic City Hosp.

M. D. B. 1269-9

F 13336

HEALTH DEPARTMENT—CITY OF BALTIMORE

13336

CERTIFICATE OF DEATH

137 V

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bon Secours Hospt St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr Patrick T. Noone

(a) Residence: No. 1431 W. Lombard St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosa M. Noone (nee Starry)

6. DATE OF BIRTH (month, day, year) Feb. 6, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	4	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

13. NAME Noone

FATHER

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Rosa M. Noone.

(Address) 1431 W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 10, 19 35

19. UNDERTAKER Harry H. Whitelaw

(Address) 4101 Edmondson Ave.

FILED 8-1935 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 6, 1935

I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 10.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophy of Prostate + Acute Retention of Urine	1-1-33
	5-15-35
	ditto
Other contributory causes of importance: Post-operative hemorrhage	6-5-35

Name of operation Cystotomy Date of 6-5-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signed) O'Meallon M. D.

(Address) Bon Secours Hospital

H. D. B 1268-9

F 13337

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13337

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital. Registered No. 824

CITY OF BALTIMORE: (No. ..... St., 70 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Mrs Mamie Irene Hersen

(a) Residence: No. 2127 Wilkins ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): widow

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Gordon F. Hersen

6. DATE OF BIRTH (month, day, year): July 4 1880

7. AGE: Years 54 | Months 11 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): East St. Louis Ill

13. NAME Charles Steiger

14. BIRTHPLACE (city or town) (State or country): East St. Louis Ill

15. MAIDEN NAME Mary Kluckhorn

16. BIRTHPLACE (city or town) (State or country): East St. Louis Ill.

17. INFORMANT Mrs. Gerald D. Grissom

(Address) 802 Hamilton ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6-8-35, 19

19. UNDERTAKER Harry H. Weitzel

(Address) 401 Edmondson ave.

20. FILED 1935, 19 ..... Huntingtown Williams, N.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	

Other contributory causes of importance:

Arteriosclerosis	Months
Had two paralytic strokes before.	11

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Hann, M. D.
Coroner

(Address) 216 Hanover

M. D. F. 1938-9 13338 ✓ F 13338

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2637 Garrette ave St., 9 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James W. Bockover

(a) Residence: No. 2637 Garrett ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Vida Clayton Bockover

6. DATE OF BIRTH (month, day, year) Sept 28 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurateur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Rochester Ind.

FATHER
13. NAME Ephriam Bockover
14. BIRTHPLACE (city or town) (State or country) Rochester Ind.

MOTHER
15. MAIDEN NAME Minerva Savord
16. BIRTHPLACE (city or town) (State or country) Rochester Ind.

17. INFORMANT Kathleen Hamilton
(Address) 2637 Garrett ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem Date June 8. 1935

19. UNDERTAKER Frank V. Fiorentone
(Address) 2518 E. Baltimore St

20. FILED JUN 8 - 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1935 . to June 6 . 1935
I last saw him alive on June 6 . 1935 . Death is said to have occurred on the date stated above, at .m.

The principal cause of death and related causes of importance were as follows:

Cirrhosis Hemmorhagic
Chronic Interstitial nephritis
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Ross Snader M. D.
(Address) 2536 E Baltimore md.

H. D. B 1268-9

13339 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13339

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3205 Chesterfield Ave St., No 2 Ward)

Length of residence in city or town where death occurred 34 yrs. 5 mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alice A. May

(a) Residence: No. 3205 Chesterfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced (or) WIFE of George W. May

DATE OF BIRTH (month, day, year) January 31, 1901

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	34	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Joseph Drabacki

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Anna Schneider

16. BIRTHPLACE (city or town) (State or country) Buffalo New York

17. INFORMANT George W. May

(Address) 3205 Chesterfield Ave.

18. BURIAL, CREMATION, OR REMOVAL Holy Redeemer June 10 1935

19. UNDERTAKER Jos. J. Sterr & Son

(Address) 3001 Eastern Ave

DATE RECEIVED 8 1935 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....

I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerulitis	
Retention of Uterus	
Other contributory causes of importance:	
Pulmonary Embolus	
appendectomy Suspension of Uterus	2 Months

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schneider, Coroner, M. D.

(Address) 1919 E. North Ave.

M. D. B. 1268-9

✓ F 13340

HEALTH DEPARTMENT—CITY OF BALTIMORE

13340

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 16 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Ida Robinson

(a) Residence: No. 1016 Whitecoat St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 20, 1897

7. AGE: Years 37; Months 9; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housedress 1041

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Laundry

10. Date deceased last worked at this occupation (month and year): 1935 Est. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: Steven Robinson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Ida Lauch

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 10, 1935

19. UNDERTAKER: Samuel R. Chase & Son

(Address) 638 N. Eutaw St.

20. FILED 8-10-1935, 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935 to June 6, 1935

I last saw h... on or alive on June 6, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Uterine Fibroid C Malignant degeneration	?
Other contributory causes of importance: Surgical shock	1 Day

Name of operation: Hysterectomy Date of operation: 6/6/35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel H. Garst M. D.

(Address) Balto City Hospital

F 13341

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 18 Ward)

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Levi Carter Appleton

(a) Residence: No. 128 N. [illegible] St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/2/1902.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
33	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Carter.

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Suzan Haskins

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 8th 1935

19. UNDERTAKER Samuel V. Chase Son

(Address) 638 N. Eutaw Huntington, W. Va.

20. Filed ... 8 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/3 1935 to 6/5 1935

I last saw him alive on 6/5 1935 Death is said to have occurred on the date stated above, at 12 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis
Uremia

Date of onset
?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Pate M. D.

(Address) Balto City Hosp.

D. B 1268-9

Dennee

F 13342

HEALTH DEPARTMENT—CITY OF BALTIMORE

13342

CERTIFICATE OF DEATH

94-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Ashburton apts Fairview ave St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Katherine Dennee

(a) Residence: No. Ashburton apts Fairview & Edgewood St Ward. West D C

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Dennee

DATE OF BIRTH (month, day, year) May 11. 1880

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	55	—	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass

13. NAME Jos Mackevenis

14. BIRTHPLACE (city or town) (State or country) Boston Mass

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Boston Mass

17. INFORMANT John P. Dennee

(Address) 3701 Georgia ave Wash D C

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Pleasant Date 6/8/35 19

19. UNDERTAKER Bernard G. Fyffe

(Address) 5/7/35 Edgewood Rd. Huntington Wash

8-1935

FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 01. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac decompensation and Coronary Sclerosis

Date of onset (year)

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C Harper Coroner M. D.

(Address) 121 S Hanover St

M. D. F 1268-9

E 13343

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13343

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital) Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Johnson

(a) Residence: No. 1202 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: C

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Blanche Johnson

7. DATE OF BIRTH (month, day, year): 1889

8. AGE: Years: 46; Months: ; Days: ; If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Charlotte NC

13. NAME: Harrison Johnson

14. BIRTHPLACE (city or town) (State or country): [redacted] NC

15. MAIDEN NAME: Charlotte Hunter

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT: Robert Johnson

(Address): 1155 N Stricker

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: 6/10, 1935

19. UNDERTAKER: Thomas E. Kelson

(Address): 1803 Presstman St

8-1935 Huntington Williams M.D.
FILED, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-6, 1935 to 6-6, 1935

I last saw him alive on 6-6, 1935 Death is said to have occurred on the date stated above, at 10:45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Hemorrhage	6/5/35

Other contributory causes of importance:

Name of operation: No Date of:

What test confirmed diagnosis: Original Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Allen M. D.
Coroner

(Address) 501 Aisquith

M. D. B. 1268-9

F 13344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13344

118

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Brooks

(a) Residence: No. 568 Baker St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6. If married, widowed, or divorced (or) WIFE of William Shipley

7. DATE OF BIRTH (month, day, year) August 13 1889

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) Snowden Maryland

15. MAIDEN NAME Martha Chase

16. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

17. INFORMANT Howard Brooks

(Address) 568 Baker St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date June 8 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED JUN 8 1935 Hunter Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastritis	
Other contributory causes of importance:	
Acute Indigestion	acute

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenker Coroner M. D.

(Address) 1919 E. North Ave.

M. D. B 1268-9

F 13345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13345

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Franklin Square Hosp. 1016 N. Carey St., 16 (Ward)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Raymond Woodruff.

(a) Residence: No. 1016 N Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: Colored

5. (Single,) Married, Widowed, or Divorced (write the word): Child.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 18. 1933

7. AGE: Years 1 | Months 11 | Days 719 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: child. pt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: William Stewart

14. BIRTHPLACE (city or town) (State or country): md

15. MAIDEN NAME: Hennia Woodruff

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Hennia Woodruff 1016 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL. Place: Mt Auburn Cemetery Date: June 8 35

19. UNDERTAKER (Address): Thos. E. Kelson 1303 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on June 7 19 35 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Hemorrhage	9 hrs
	30 -
	unk
Other contributory causes of importance:	2 hrs
Spasm	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Thos F Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

M. D. F. 1263-9

F 13346

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 25

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Williamson

(a) Residence: No. 1833 E. Eager St., Ward. 4

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Dec. 9 1919

7. AGE: Years 15 | Months 5 | Days 29. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: school boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER FATHER

13. NAME: Simon Williamson

14. BIRTHPLACE (city or town) (State or country): North Carolina

15. MAIDEN NAME: Alice Hill

16. BIRTHPLACE (city or town) (State or country): N. Carolina

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Calvary Cem. Date: June 10th 1935

19. UNDERTAKER: Mrs. B. O. Elliott—Haughton

(Address) 1129 Harlem st. Huntington Williams, N.Y.

20. Filed ... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): JUN - 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4 . 1935 to June 6 . 1935 that saw h[illegible] alive on June 6 . 1935 Death is said to have occurred on the date stated above, at 11 26 a. m.

The principal cause of death and related causes of importance were as follows:

Tuberculous Pericarditis with effusion — Date of onset: May 15. 1935

Tuberculous Peritonitis.

Other contributory causes of importance:

Name of operation None. Pericardial Date of

What test confirmed diagnosis? tab Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 13347

HEALTH DEPARTMENT—CITY OF BALTIMORE

13347

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1920 Hennimans ave ~~St.~~ 8 Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Murray Wise

(a) Residence: No. 1910 Hennimans Ave. ~~St.~~ Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 11th 1868

7. AGE: Years 67 | Months 9 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: [illegible]

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME: [illegible]

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Annie Tyler.
(Address) 1931 E. Eager St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 10th 1935

19. UNDERTAKER: Mrs Robert A. Elliott-Haughton
(Address) 1229 E. Lafayette St. Huntington Milwaukee, Wis.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-7-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-14-1935 to 6-7-1935

I last saw her alive on 6-5-1935. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Valvulitis — Date of onset —

Other contributory causes of importance:

Interstitial Nephritis — Date of onset [illegible]

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mont Cargill M. D.

(Address) 611 N. Eden

M. D. B 1268-9

F 13348

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13348 ✓ 34J-82a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 630 W Lanvale St., 17 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Myrtle Queen

(a) Residence: No. 630 W Lanvale St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: C | 5. Single, Married, Widowed, or Divorced (write the word): S

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Dec 11-14

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Wm Queen

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME: Jennie Brooks

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Jennie Queen
(Address): 630 W Lanvale St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Calvary Cem Date: June 10th 1935

19. UNDERTAKER: Mrs R. A. Elliott
(Address): 1126 Harlem Ave Huntington Pittsburgh W. Va.

20. FILED: JUN 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to June 6, 1935
I last saw h alive on June 6, 1935 Death is said to have occurred on the date stated above, at 1 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	June 5/35

Other contributory causes of importance:

over

Name of operation None Date of

What test confirmed diagnosis? Clinically was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo J. Allen M. D.
Coroner
(Address) 501 Lexington St

M. D. P. 1268-9

✓ F 13349

30 c 142

F 13349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 45-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. mos 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry F Norris

(a) Residence: No. Staunton Va St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edelta

6. DATE OF BIRTH (month, day, year) 10/16/63

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Geo. S Norris

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Florence Wyatt

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Staunton Va Date June 9 '35

19. UNDERTAKER Stewart Memorial Co.

(Address) 108 W Main St Staunton Virginia

Filed 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to June 7, 1935

I last saw him alive on June 7, 1935 Death is said to have occurred on the date stated above, at 5 45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left vocal cord	?
Operation for removal of left vocal cord	June 6, 1935

Other contributory causes of importance:

Name of operation Laryngofissure Date of June 6, 1935

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) John C. O'Dell, Jr., M. D.

(Address) Johns Hopkins Hospital.

F 13350 ✓ F 13350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Emma McCray

(a) Residence: No. 910 W. Fayette st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 1, 1910

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
25	3	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 007
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME Sam McCray
14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary ??
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion Cemetery Date 6/8 1935
19. UNDERTAKER Mrs Kate R. Williams
(Address) 322 N. Schroeder St. Huntington Williams, W. Va.
20. FILED ..... 19 ..... Registrar.

6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 1935 to June 6 1935
I last saw her alive on June 6 1935. Death is said to have occurred on the date stated above, at 8:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Sept 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mayer W. Jacobson M. D.
(Address) Baltimore City Hospital

M. D. B. 1268-9

F 13351

✓ F 13351

HEALTH DEPARTMENT—CITY OF BALTIMORE

94-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH Steamship "Schodack" 8 Registered No.

CITY OF BALTIMORE: (No. Off Capt Henry. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. 2 mos. 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Capt. George E. Newkirk.

(a) Residence: No. 1726 N. Collington Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) March 17, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pilot.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Van Newkirk.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Mary Eagleston.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Joseph J. Newkirk. (brother)
(Address) 2932 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Cem Date 6/8/35 19

19. UNDERTAKER Philip Henry Sons
(Address) 2016 Pulaski St

JUN 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from . 19 , to . 19

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	
Obstruction of the Coronary Arteries.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto M. Reinhardt, M. D.
Coroner

6/7/35 (Address) 1017 E. Charles St.

M. H. R. 12-6-35 46352 ✓ F 13352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH Church Home & Infirmary Registered No.

CITY OF BALTIMORE: (No. St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gordon # 1

(a) Residence: No. 311 Milford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Charles Van Horn Gordon

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Myra Gertrude Bramble

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL. Place Retained by Hospital Date June 7, 1935

19. UNDERTAKER

(Address)

JUN 8 1935 Huntington Williams Registrar.

1001

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6th (9:03 AM) 1935 to June 7 (9:20 AM) 1935

I last saw her alive on June 7, 1935 Death is said to have occurred on the date stated above, at 10:40 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	June 6, 35

Other contributory causes of importance:

Prematurity - 7th month

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. L. Miller, M. D.

(Address) 1000 Belvedere Ave

M. D. B. 1269-A

F 13353 ✓ F 13353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Church Home & Infirmary

CITY OF BALTIMORE: (No. ..... St., 2 3 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 hrs ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gordon # 2

(a) Residence: No. 3114 Milford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1935

7. AGE Years	Months	Days	If LESS than 1 day, 12 hrs. or 19 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Charles VanHorn Gordon

14. BIRTHPLACE (city or town) Baltimore Md.
(State or country)

MOTHER

15. MAIDEN NAME Myra Gertrude Brandt

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Retained by Hospital Date June 6, 1935

19. UNDERTAKER .....
(Address)

20. FILED JUN 8 1935, 19.... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, (9:35 AM) 1935 to June 6 (9:35 PM) 1935
I last saw h[illegible] alive on June 6, 1935 Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	June 6

Other contributory causes of importance:
Prematurity 7th month

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
.....If so, specify.....

(Signed) Thos. L. Mullen, M. D.

(Address) 1000 Belvedere Ave

M. D. R. 1268-9

F 13354

F 13354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No.

1. PLACE OF DEATH St. Joseph's Hospital

CITY OF BALTIMORE: (No. St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Willa Coral Wheeler.

(a) Residence: No. 2509-N-Charles. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 31 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Geo. E. or R. Wheeler

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Josephine Brains

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Harry B. Wheeler

(Address) 402 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 10, 1935

19. UNDERTAKER John F. Henry

(Address) 715 Light St

20. FILED JUN 8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1935 to 6-7, 1935

I last saw h alive on 6-7-, 1935 Death is said to have occurred on the date stated above, at 12 35 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism.-

Date of onset

Other contributory causes of importance:

Pulmonary Embolism

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) J. M. Magruder Cor , M. D.

(Address) St. Joseph's Hos.

M. F. R. F 13355 ✓ F 13355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas E. Vermillion

(a) Residence: No. 425 N Monroe St St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara B. Vermillion

6. DATE OF BIRTH (month, day, year) Oct. 12, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	7	23 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Railroad B&O

10. Date deceased last worked at this occupation (month and year) 6 07 3

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John Vermillion

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha Vermillion

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Miss. Irma I. Vermillion

(Address) 2815 Riggs Ave.

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Loudon Park Cem Date 6/8/35 19

19. UNDERTAKER George F. Smith

(Address) 1900 Eutaw Place.

20. FILED [illegible] Registrar

No [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 6, 1935

I last saw him alive on June 6, 1935 Death is said to have occurred on the date stated above, at 8:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas of Neck	6/2/35
Idiopathic	

Other contributory causes of importance:

Terminal Bronchopneumonia

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tull M. D.

(Address) Sydenham Hospital

M. D. F 12689 F 13356

F 13356

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 131-143

1. PLACE OF DEATH St. agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton St., 25 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

QUEENIE

2. FULL NAME Queenani Mc Kenzie

(a) Residence: No. Maryland ave, Ellicott City, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

x

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of John a Mc Kenzie

6. DATE OF BIRTH (month, day, year) Sept. 7, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	27	30	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Granite Md

FATHER

13. NAME Charles E. Johnson

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah E. Botts

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Goodpasture Date June 10 1935

19. UNDERTAKER (Address)

20. FILED Huntington Williams Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1935 to June 6, 1935

I last saw her alive on June 6, 1935 Death is said to have occurred on the date stated above, at 7 00 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic glomerular nephritis	?
Spontaneous subarachnoid Hemorrhage	5-28-35
Other contributory causes of importance: Pregnancy	

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jessop L Kemp, M. D.

(Address) St Agnes Hosp.

M. D. B. [illegible]-9 13357 ✓ F 13357

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66B

Registered No. .....

1. PLACE OF DEATH Elizabeth Yost

CITY OF BALTIMORE: (No. 1973 Hudson Ave St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Yost.

(a) Residence: No. 1973 Hudson Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Andrew Yost.

6. DATE OF BIRTH (month, day, year) February 14 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leo Fohlepp

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Ditzel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Andrew Yost

(Address) 1973 Hudson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date June 10 1935

19. UNDERTAKER Jonah Tyler

(Address) 1608 North Ave

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15th 1935 to June 7th 1935

I last saw h[illegible] alive on June 7th 1935 Death is said to have occurred on the date stated above, at 4:50 p.m.

The principal cause of death and related causes of importance were as follows:

Hypertension — Date of onset
Myocarditis
Arteriosclerosis

Other contributory causes of importance:

Senility

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 3045 Lorraine Ave

M. D. P. 1268-9

13358

F 13358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Irene Branch

(a) Residence: No. 810 N Calhone St. St., ... Ward. ..... (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) March 15, 1935

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	23	

OCCUPATION

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Branch

14. BIRTHPLACE (city or town) (State or country) N.C.

MOTHER

15. MAIDEN NAME Lillian Earl

16. BIRTHPLACE (city or town) (State or country) N.C.

17. INFORMANT Wm. Branch

(Address) 810 N Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 8 1935

19. UNDERTAKER Samuel F. Rose Son

(Address) 637 N. Eutaw

FILED 6-8-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.45 a.m. P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	?
Toxemia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [signature] M. D.

(Address) 2357 W. North Ave.

F 13359

M. [illegible] 13359

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

139-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Ola
(a) Residence: No. 855½ W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	w	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Jacob Ola

6. DATE OF BIRTH (month, day, year) March 10, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	2	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Latvia

FATHER
13. NAME Martin Schnaper
14. BIRTHPLACE (city or town) (State or country) Latvia

MOTHER
15. MAIDEN NAME Gusta ?
16. BIRTHPLACE (city or town) (State or country) Latvia

17. INFORMANT Jacob Ola
(Address) 855½ W. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/8/35

19. UNDERTAKER Frederick C. Reisinger & Co.
(Address) 200 N. Eutaw St.

JUN 8 1935 19 E. Fenhagen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 3-18 1935 to 6-5- 1935
I last saw her alive on 6-5-35 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pelvic abscess	
Fecal fistula	

Other contributory causes of importance:
Myocardial failure

Name of operation Suturing of drainage sinus 5-19-35 Repair fecal fistula Date of 6-5-35
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Philip A. Dunlap M. D.
(Address) Md. Gen. Hosp.

13360 **STATE OF MARYLAND—CERTIFICATE OF DEATH** 46-DF 13360

1. **PLACE OF DEATH** Registration Dist. No.

County

Village or City Baltimore No. 4014 Penhurst Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds. 15

2. **FULL NAME** Maude Mary Hadley

(a) Residence: No. 3917 Ridgewood Ave St., Ward. If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F. Hadley

6. DATE OF BIRTH (month, day, and year) Aug 23-1874

7. AGE Years	Months	Days 15	If LESS than 1 day, hrs. or min.
62	9	16	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Somerset Pa (State or country)

13. NAME Frank Fuller

14. BIRTHPLACE (city or town) Winchester (State or country) Va

15. MAIDEN NAME Louise Schell

16. BIRTHPLACE (city or town) Somerset Pa (State or country)

17. INFORMANT Mrs. Carlton Shull (Address) 3917 Ridgewood Ave Balto

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cem Date June 11, 1935

19. UNDERTAKER C. E. Grimm & Son (Address) Frederick Md

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. **DATE OF DEATH** 6 (Month) 8 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 2/7 1935 to 6/8 1935; that I last saw her alive on 6/8 1935; death is said to have occurred on the date stated above, at 1.27 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

(a) Cerebral Hemorrhage due to Chronic Nephritis with Hypertension

Other Contributory Causes of importance: Mitral regurgitation

Date of onset: (a) 15 mo duration; Hyper duration

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry Heywood M. D.

(Address) 902 E. Broadway

9-1935

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. B. 1268-9

3361

✓ F 13361

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13361

CERTIFICATE OF DEATH

× 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL, 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE WEETEN KAMP.

(a) Residence: No. ELLICOTT CITY MD. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	SINGLE.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) — 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dept Store

10. Date deceased last worked at this occupation (month and year) 5/35

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME John Wetenkamp

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME M. T. Hatfield

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT John A Wetenkamp (Address) Ellicott City, Md

18. BURIAL, CREMATION, OR REMOVAL Place Lakeside Md Date 6 - 11 . 1935

19. UNDERTAKER F. H. Higinbotham & Son (Address) Ellicott City Md.

20. FILED 6 - 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 : 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7 . 1935 to 6-9 . 1935

I last saw her alive on 6-9 . 1935 Death is said to have occurred on the date stated above, at 12:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
LOBAR PNEUMONIA. (RT APEX)	6-1-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? x Ray. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Clifford N Beer M. D.

(Address) University Hospital

M. D. B. 1268-9

F 13362

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 24-9-5-13 F 13362 ✓ × 53-c

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Greenfield

(a) Residence: No. 310 Arlington ave St., Ward. Brooklyn N.Y. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton

6. DATE OF BIRTH (month, day, year) 1-29-07

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N.C.

FATHER 13. NAME Samuel Brown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER 15. MAIDEN NAME M. A. Brown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT (Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, REMOVAL New York City Date 6/8/35 19

19. UNDERTAKER (Address) Saml Lewis Inc 1439 E Baltimore St

20. FILED 1935 B VI Head Clerk

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to June 8, 1935. Death is said I last saw her alive on June 8, 1935. to have occurred on the date stated above, at 5.05 A m.

The principal cause of death and related causes of importance were as follows:

Brain Tumor — Malignant (carcinoma) — Date of onset 1933

Other contributory causes of Importance:

Hydrocephalus

Name of operation Expl. Craniotomy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? No Date of injury ....., 19..

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Teel M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

13363

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13363

186-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.....

CITY OF BALTIMORE: (No. St. Agnes Hospital. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 19 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John J. Ryan.

(a) Residence: No. 2243 Eutaw Place. St., ... Ward. Same House

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If ~~XXXX~~, widowed, ~~XXXXXX~~ HUSBAND of (~~XXXXXXXXX~~ Lelia Ryan.

6. DATE OF BIRTH (month, day, year) January 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tobacconist.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Ruth Ryan. (daughter)

(Address) 2243 Eutaw Place.

18. BURIAL, CREMATION, OR REMOVAL

Place Lynchburg Va. Date June 8, 1935

19. UNDERTAKER William Cook

(Address) 1217 E. Fort St. Huntington, West Virginia

FILED 6-10-1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right femur.	
Accicental fall to pavement.	
Pulmonary Oedema.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/1/35 19.....

Where did injury occur? In front of 2243 Eutaw Pl.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public street.

Manner of injury Accidental fall.

Nature of injury Fracture of right femur.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Otto Heinlandt, M. D. Coroner

6/8/35 Address) 1017 E. Charles St.

F 13364

13364

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1039 Pine Heights Ave 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Franklin F. Ketcham

(a) Residence: No. 1039 Pine Heights Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or) WIFE of~~: Marie W. Ketcham

6. DATE OF BIRTH (month, day, year): April 13th 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Y. M. C. A.

10. Date deceased last worked at this occupation (month and year): April 1935

11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (city or town) (State or country): New York N.Y.

FATHER

13. NAME: Guernsey A. Ketcham

14. BIRTHPLACE (city or town) (State or country): New Jersey

MOTHER

15. MAIDEN NAME: Mary Hynor

16. BIRTHPLACE (city or town) (State or country): New Jersey

17. INFORMANT (Address): Marie W. Ketcham 1039 Pine Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Place: Loudon Park Date: May 10th 1935

19. UNDERTAKER (Address): William Cook 317 Paul St. Huntington Williams, N.Y.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1935 to June 6, 1935

I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 4 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Arthritis	
Chronic Nephritis	
Other contributory causes of importance:	
Toxemia	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Benj. M. Clary M. D.

(Address) 400 Payson St.

M. B. B 1268-9

F 13365

13365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH United States Marine Hospital, Baltimore, Maryland.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 7 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Kneavel

(a) Residence: No. 3032 Harford Road, Balto. Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of --

6. DATE OF BIRTH (month, day, year) October 16, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39	7	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumpman Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 2-14-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME Matthew Kneavel

14. BIRTHPLACE (city or town) (State or country) ?. Germany

15. MAIDEN NAME Veronica Kelly

16. BIRTHPLACE (city or town) (State or country) ? Germany

17. INFORMANT U. S. Marine Hospital Records

(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Date June 11, 1935

19. UNDERTAKER

(Address)

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 19, 1935. to June 7, 1935

I last saw h. im alive on June 7, 1935 Death is said to have occurred on the date stated above, at 7:06p m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic, far advanced - bilateral
Tuberculosis of 10th, 11th, dorsal and 5th lumbar spines

Date of onset

unk.

unk.

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) W. H. Gordon, M. D.

(Address) W. H. Gordon, U. S. Marine Hospital, Balto. Md.

1935

M. D. P. 1268-9

F 13366

13366

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

79-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sydenham Hospital (St.) (Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward F. Eriksen

(a) Residence: No. 1505 Riverside Ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 8, 1921

7. AGE: Years 13 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: Thomas Eriksen

14. BIRTHPLACE (city or town) (State or country): Norway

MOTHER

15. MAIDEN NAME: Bessie Bang

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Olivet Cem Date 6/9 1935

19. UNDERTAKER: L. Fenw McCully

(Address) 130 W. Fort Ave. Baltimore, Md.

20. FILED 6 - 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 7, 1935. I last saw him alive on June 7, 1935. Death is said to have occurred on the date stated above, at 10:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrospinal Meningitis (Streptococcic)	6/4/35

Other contributory causes of importance:

Name of operation: Lumbar Puncture Date of

What test confirmed diagnosis: Was there an autopsy

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Myron G. Tull, M. D.

(Address) Sydenham Hosp.

F 13367

13367

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jersey Strange

(a) Residence: No. 1622 E. Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 7/29/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53 54	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 0040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lawrenceville Va.

FATHER

13. NAME Levi Strange ?

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Selvia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemby Date June 1 1935

19. UNDERTAKER Ernest Pree

(Address) 1514 Pennsylvania Ave Huntington Williams, W. Va.

20. FILED 6-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/6, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1935 to 6/6, 1935

I last saw him alive on 6/6, 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1933
Diabetes mellitus	5

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

F 13368

299/34

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 107a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 8 St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Price

(a) Residence: No. 705 Llewellyn St., Asc Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 14-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1 5 3	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

FATHER

13. NAME Garland Price

14. BIRTHPLACE (city or town) (State or country) Md -

MOTHER

15. MAIDEN NAME Pearl Lusie

16. BIRTHPLACE (city or town) (State or country) Md -

17. INFORMANT Records -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 6-9 1935

19. UNDERTAKER Robt Lee Wright

(Address) 2810 E Oldenburg St

Huntington Williams, Registrar

File 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to June 7 1935

I last saw him alive on June 7 1935 Death is said to have occurred on the date stated above, at 7 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Emphysema	5/17/35
Pyopericardium	6/6
Pneumococcus Meningitis	6/6

Other contributory causes of importance:

Pneumonia	5/14/35
Anemia	unkn.

Name of operation O Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Woodbridge Elliott Morris M. D.

(Address) Johns Hopkins Hosp

M. D. B. 1368-9

F 12369

13369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 Queen Anne Rd St., 15 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Seliger

(a) Residence: No. 2507 Queen Anne Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sol Seliger

6. DATE OF BIRTH (month, day, year) 1871

7. AGE	Years	Months	Days	If LESS than 1 day.... hrs. or min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Isaac Goldstein

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr Seliger

(Address) 2507 Queen Anne Rd

18. BURIAL, CREMATION, OR REMOVAL

Prospect Hebrew Cem. Date 6/9/35 . 19

19. UNDERTAKER Jack Lewis Inc.

(Address) 2100 Eutaw Place

20. FILED [illegible] Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July . 1934 to 6-9 . 1935

I last saw her alive on 6-8 . 1935 Death is said to have occurred on the date stated above, at 2 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-6-35
Other contributory causes of importance: Hypertension Arteriosclerosis	20 yrs.

Name of operation None. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No. If so, specify

(Signed) L. E. Wice M. D.

(Address) 920 St. Paul St.

M. D. B. 1265-0

F 13370

13370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2324 West North Ave St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Esther E. Ephriam

(a) Residence: No. 2324 West North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed.

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Lewis Henry Ephriam

6. DATE OF BIRTH (month, day, year) June, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Fishel, Kort.

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lafrunie ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Irene Klatzkin, granddaughter

(Address) 2324 W. North Ave.

18. BURIAL, CREMATION, OR REMOVAL Woodlawn Cemetery Date 6/9/35, 19

19. UNDERTAKER Jack Lenzner Sons

(Address) 1429 E. Baltimore St.

20. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 5, 1935

I last saw her alive on June 5, 1935 Death is said to have occurred on the date stated above, at 1:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition	
Malignancy uterus,	

Other contributory causes of importance:

Chronic Colitis.
Arteriosclerosis
Hemorrhoids.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) N. E. Brook, M. D.

(Address) 2347 - West North Ave.

13371 E 13371

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2028 N. Payson St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? 42 yrs. mos. ds.

2. FULL NAME Harry Goffa

If U. S. Veteran specify WAR

(a) Residence: No. 2028 N. Payson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jennie

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Confectionary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Voltman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Voltman

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Jennie Goffa

(Address) 2028 N. Payson

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 6/9, 1935

19. UNDERTAKER Leo Lerner

(Address) 1439 E. Baltimore St

20. FILED 1935 Registrar

Atlantic Refining Co. Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to June 8, 1935

I last saw h. alive on June 7, 1935. Death is said to have occurred on the date stated above, at 3:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinical & Path. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Isidor J. Fry, M. D.

(Address) 2324 Eutaw Place

M. D. B. 1268-9

F 13372

13372 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH V 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth 53 yrs. mos. ds.

2. FULL NAME Lena Stesia Lyssek

(a) Residence: No. 1509 N Pulaski St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Aron Levenson

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Eidan ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Bethany Burying Ground Date 6/9/35 19

19. UNDERTAKER Aut Lewis Inc
(Address) 1439 E. Baltimore St.

20. FILED 1935 — 19 — Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11 1935 to June 8 1935

I last saw her alive on June 8 1935. Death is said to have occurred on the date stated above, at 9.00a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Diabetes Mellitus	
Cerebral hemorrhage, left.	
Hemiplegia, right.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

M. D. B. 1268-0

F 13373

13373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1713 Fulls Road St., 27 Ward)

Length of residence in city or town where death occurred 65 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Simon O Scott

(a) Residence: No. 1713 Falls Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of husband

6. DATE OF BIRTH (month, day, year) June 17 1870

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
65	June	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Henrietta Heakins

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Ethel Scott

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem Date 6/9/35 19

19. UNDERTAKER (Address) Mrs. George L. Fells & Son 1631 Druid Hill Ave

20. FILED 1935 Huntington Williams, registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7th 1935

22. I HEREBY CERTIFY, That I attended deceased from March 28th 1935 to June 7th 1935.

I last saw him alive on June 7th 1935. Death is said to have occurred on the date stated above, at 2.20 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
March 25 1935	
Carcinomatous Nephritis	Mar 26 '35

Other contributory causes of importance:

Coma lasting 24 hours	acute

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. J. Scott M. D.

(Address) 391 W Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13374

3374

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 173

1. PLACE OF DEATH Near Corner Lamed and Fordem Ats.

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Melvin Mathison

(a) Residence: No. 341 W. Preston St., ... Ward.

(If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hazel Mathison

6. DATE OF BIRTH (month, day, year) April 7 - 1911

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	24	1	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME James Mathison

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Sarah Kemp

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Samuel Mathison

(Address) 341 W. Preston.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date June 9 . 1935

19. UNDERTAKER Robt. F. McCadam

(Address) 1525 Mc Culloh St

Huntington, W. Va. Assistant Registrar.

FILED S - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19..... , to ..... , 19.....

I last saw h..... alive on ..... , 19..... Death is said to have occurred on the date stated above, at 9:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Homicide Shot by an officer	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury June 4, 1935

Where did injury occur? Cor Lamed & Fordem Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place on street

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) A. Bauer Coroner, M. D.

(Address) 1716 Hanover

F 13375

13375

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 S. Oldham St.; 26 Ward)

Length of residence in city or town where death occurred ..... yrs. Subor ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR None.

2. FULL NAME John Reuter, (Baby)

(a) Residence: No. 723 S. Oldham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) June 8-1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	17 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME Casper John Reuter

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Carrie Komber

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Casper J. Reuter Sr.

(Address) 723 S. Oldham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart. Date July 10, 1935

19. UNDERTAKER Lilly & Zeller Inc.

(Address) 703 S. Wolfe St

20. FILED ..... By ..... Registrar.

9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1935, to June 9, 1935

I last saw him alive on June 8th, 1935. Death is said to have occurred on the date stated above, at 2.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Adam Jodi, M. D.

(Address) 4616 Easton ave

M. D. B 1268-9

13376

F 13376

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

L 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 24 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Andrew Thompson.

(a) Residence: No. 1124 William St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) May 24, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	0	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Andrew W. Thompson.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Doris Harper.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Julia Harper. (grandmother)
(Address) 1300 William St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 10 1935

19. UNDERTAKER Elizabeth Whaley Inc 6.
(Address) 116 E. Lexington St.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... , 19 ..... , to ..... , 19 .....

I last saw h..... alive on ..... , 19 ..... Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure,	
Lobar pneumonia.	
Malnutrition.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... , 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto Steinhardt, M. D.
Coroner

6/7/35 (Address) 1017 E. Charles St.

F 13377

M. D. F. 12m-5-35

F 13377

Edwin Von Hagel

HEALTH DEPARTMENT—CITY OF BALTIMORE

299409

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 16-10 Ward)

Length of residence in city or town where death occurred 57 yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edwin Von Hagel

(a) Residence: No. 608 N. East ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed or divorced: HUSBAND of Anne

6. DATE OF BIRTH (month, day, year) 8-10-77

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Market Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Corns

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John Von Hagel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Julia Stone

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL Dunk Ridge Date 6/10/35

19. UNDERTAKER Geo. H. Lembach & Sons
(Address) 525 N. Eutaw St.

Received JUN 10 1935 Huntington, W. Va.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to June 7, 1935

I last saw him alive on June 7, 1935 Death is said to have occurred on the date stated above, at 5 05 A m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart disease — Date of onset 2 yrs ago

Other contributory causes of importance:

Bronchopneumonia — 1 wk ago

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital.

F 13378 F 13378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 34-7-152

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward) V

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nicholas Rollman

If U. S. Veteran specify WAR

(a) Residence: No. 1804 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret.

6. DATE OF BIRTH (month, day, year) 9/8/1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	8	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria

FATHER

13. NAME Nicholas Sr.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Encl Hgts Date 6/10 1935

19. UNDERTAKER J. J. Staley Sons

(Address) 1318 Eutaw St

Huntington Williams, M.D.

20. FILED JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/2 1934 to 6/3 1935

I last saw him alive on 6/3 1935 Death is said to have occurred on the date stated above, at 9 a.m. 9 1/6

The principal cause of death and related causes of importance were as follows:

Cellulitis of leg. — Date of onset 3 wks.

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 13379

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13379

CERTIFICATE OF DEATH

Registered No. 35

1. PLACE OF DEATH: Baltimore City Hospital

CITY OF BALTIMORE: (No.) St., (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: John Johnson

(a) Residence: No. 1714 Elling St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Emma Johnson

6. DATE OF BIRTH (month, day, year): Jan 1, 1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: ?

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: John Johnson Sr.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Agnes Gray

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Hospital Record.

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Carmel Date 6/10/35

19. UNDERTAKER (Address): J. J. Staley Bro 1318 Light St

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to June 2, 1935

I last saw him alive on June 2, 1935. Death is said to have occurred on the date stated above, at 12:50 PM

The principal cause of death and related causes of importance were as follows:

Gunshot Wounds Thorax

Date of onset

Other contributory causes of importance:

Suspect, pulmonary

Dilitation bronchial tubes

Name of operation: Date May 1935-June

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Samuel T. Gorsch M. D.

(Address) Balto City Hosp

F 13380

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13380

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 1

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Andrew Smol.

(a) Residence: No. 1023 S. Ellwood Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Flora.

6. DATE OF BIRTH (month, day, year) 5/24/1880.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	-	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. 00

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Holland.

FATHER

13. NAME Andrew Smol.

14. BIRTHPLACE (city or town) (State or country) Holland

MOTHER

15. MAIDEN NAME Andreka Longo.

16. BIRTHPLACE (city or town) (State or country) Holland.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place 5th Reformed Cem Date June 10 1935

19. UNDERTAKER George W. Dinkelacker
(Address) 1731 E. Eager St.

20. [illegible] Huntington Williamsport, Md.

N 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/8 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1934 to 6/8 1935

I last saw him alive on 6/8 1935 Death is said to have occurred on the date stated above, at 3 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert G. Reitz M. D.

(Address) Balto City Hosp.

M. D. F. 1269-9

F 13381

F 13381 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 112 S. Bouldin St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Cordelia Courtney

(a) Residence: No. 112 S. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Courtney

6. DATE OF BIRTH (month, day, year) Oct. 15 1852.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

FATHER

13. NAME Joshua Griffin

14. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

MOTHER

15. MAIDEN NAME Zenna Numbers,

16. BIRTHPLACE (city or town) (State or country) Harford Co., Md.

17. INFORMANT Mrs. John Famous,
(Address) 112 S. Bouldin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Pesutie cemetery Perryman, Md Date June 10 1935

19. UNDERTAKER George W. Zinkeler
(Address) 737 E. Eager St.

Filed 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2-35, 19 to June 6-35 19

I last saw her alive on June 6, 1935 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Degeneration	1 year

Other contributory causes of importance:

None

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) , M. D.

(Address)

M. D. B. 1935-9 F 13382

F 13382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

234-93-c

1. PLACE OF DEATH: Good Shepherd General Hospital

CITY OF BALTIMORE: (No.) 1524 Gilmore St., (13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME: James Matthews

(a) Residence: No. 2437 Francis St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Rachel Matthews

6. DATE OF BIRTH (month, day, year): 1886

7. AGE,	Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Florida

FATHER

13. NAME: Sr Matthews

14. BIRTHPLACE (city or town) (State or country): Florida

MOTHER

15. MAIDEN NAME: Nancy Grant

16. BIRTHPLACE (city or town) (State or country): Florida

17. INFORMANT (Address): James Matthews

18. BURIAL, CREMATION, OR REMOVAL: Place: Cathedral Date: June 10 1935

19. UNDERTAKER (Address): Thomas E. Wright 700 N. Carrollton Ave

20. FILED: June 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935, to June 8, 1935

I last saw him alive on June 8, 1935. Death is said to have occurred on the date stated above, at 2:50 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset 6-5-35

Other contributory causes of importance: Chronic Obstructive Nephritis; Chronic Myocarditis; Hernia Umbilicus

Name of operation: ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Charles J. Fenton, M. D.

(Address) 811 Eutaw Place

JUN 10 1935

M. D. B. 12-49 F 13383

F 13383

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave. St., Ward) Registered No. 1 31

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Elizabeth C. Haneke

(a) Residence: No. 1527 Quarrier St., Charleston, W. Va. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced (or) WIFE of August B. Haneke

6. DATE OF BIRTH (month, day, year) March 14 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Edward J. Murn.

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Eliz. Brannin

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT August B. Haneke.

(Address) Charlestown W. Va.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 11th 1935

19. UNDERTAKER Bernard C. Harker

(Address) 121 S. West St.

[illegible] 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 8 1935

I last saw h[illegible] alive on June 8 1935 Death is said to have occurred on the date stated above, at 4 00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignant Hypertension	?
Terminal Azotemia & Anuria	5-25-35
Hypertensive degenerative neuro-retinitis	1934

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) August H. Neely M. D.

(Address) St. Agnes Hosp.

M. D. B. 1268-9

F 13384

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13384

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Geneva Price

(a) Residence: No. 1029 S Fremont Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4/27/1932

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1 2/12		9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Silas Price

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mamie Love

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mamie Price

(Address) 1029 S Fremont ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cr Date 6/ /35

19. UNDERTAKER Isaiah L Brown & Son

(Address) 108 W Montgomery st

Huntington Williams, M.D.

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5th, 1935, to June 6th, 1935.

I last saw her alive on June 6th, 1935. Death is said to have occurred on the date stated above, at 11.50 A m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset June 5 1935

Rt Apical.

Other contributory causes of importance:

Name of opecation Nope Date of

What test confirmed diagnosis? X Ray Chest Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lawrston L. Keown M.D. M. D.

(Address) University Hospital.

M. D. B 1268-9

F 13385

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13385

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 96

CITY OF BALTIMORE: (No. ____ St., 22 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Harriett Saunders

(a) Residence: No. 702 Hanover St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed or divorced (or) WIFE of [redacted]

6. DATE OF BIRTH (month, day, year) July 15, 1900

7. AGE: Years 34 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) ? | 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER
13. NAME Charles ?
14. BIRTHPLACE (city or town) (State or country) Va

MOTHER
15. MAIDEN NAME Josephine Thomas
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hosp. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 11, 1935

19. UNDERTAKER Isaiah L Brown & Son
(Address) 108 W Montgomery St

[illegible] Md
[illegible] Registrar.

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935 to June 6, 1935
that I saw h— alive on June 6, 1935 Death is said to have occurred on the date stated above, at 3:20 [illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis, Nephritis	?
	?
	?

Other contributory causes of importance: Embolism - pulmonary 4/6/35

Name of operation Cesarean section Date of 4/6/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Samuel H Gant M. D.
(Address) Balto City Hospitals

M. D. B. 1268-9

F 13386

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13386 / 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2027 N. Payson St. 15 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? 65 yrs. mos. ds.

2. FULL NAME Mary Catherine Haensler,

(a) Residence: No. 2027 N. Payson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married~~, widowed, ~~or divorced~~
HUSBAND of (or) WIFE of Matthew Haensler,

6. DATE OF BIRTH (month, day, year) February 14, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Essenwein,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Jacob Haensler
(Address) 2027 N. Payson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date JUN 12 1935

19. UNDERTAKER Geo. H. Little
(Address) 2700 Edmondson Ave.

Huntington, W. Va.

20. JUN 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 1933 to June 9 1935

I last saw her alive on June 7 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Vascular Renal	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Fred C Jewett M. D.

(Address) 25 N Pearson Ave

F 13387

M. D. F 13387

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4104 Springdale ave St., 28 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary G. Imbach

(a) Residence: No. 4104 Springdale ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced (or) WIFE of: Frank Imbach

6. DATE OF BIRTH (month, day, year): Sept. 1847

7. AGE: Years 87 | Months 9 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Chas. Shidell

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address): Martin G. Imbach 4104 Springdale ave

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date June 10 1935

19. UNDERTAKER (Address): John A. Wagner & Son 3000 E. Baltimore St

20. FILED JUN 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/7 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to June 1935

I last saw h alive on June 7 1935. Death is said to have occurred on the date stated above, at P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular Renal Disease	5 yrs
Other contributory causes of importance: Uremia	2 hrs

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. H. Weigel M. D.

(Address) 4710 Liberty Hts Ave

M. D. B. 1268-9

F 13388

F 13388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH West Baltimore Gen'l Hosp

CITY OF BALTIMORE: (No. Fayette & Dukeland St. 30 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Muller

(a) Residence: No. 2666 Lehman St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edna Ida Muller

6. DATE OF BIRTH (month, day, year) Aug. 6-1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	10		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steelworker 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Illinois Steel Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Joseph Muller

14. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

MOTHER

15. MAIDEN NAME Emma Libby

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs Edna Ida Muller
(Address) 2666 Lehman St

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel Park Date June 10, 1935

19. UNDERTAKER F. D. Hubbert & Son
(Address) 2100 Eutaw Place

20. FILED JUN 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 6, 1935.
I last saw him alive on June 6, 1935. Death is said to have occurred on the date stated above, at 2:10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coronary Thrombosis	5/27/35

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Geo Gilman M.D. M. D.

(Address) West Balto. Gen'l Hosp.

F 13389

M. D. B. 12659

F 13389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 700 Washington Blvd St., 21 Ward)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward L. Gerard

(a) Residence: No. 700 Washington Blvd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edward Lee Gerard

6. DATE OF BIRTH (month, day, year) Aug 21 1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
77	9	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bread

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Gerard

14. BIRTHPLACE (city or town) (State or country) Reisterstown Maryland

MOTHER

15. MAIDEN NAME Louisa A. Packhurst

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mrs. Edward L. Gerard
(Address) 700 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 11, 1935

19. UNDERTAKER J. B. Hurley & Son
(Address) 1300 Eastern Ave

20. FILED June 11 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/20 1935 to 6/9 1935

I last saw him alive on 6/9/35 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	1 day
Other contributory causes of importance: Cardio-Vascular Renal Disease	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph H. Laukaitis, M. D.

(Address) 679 Washington Blvd

OCCUPATION is very important. See instructions on back of certificate.

v. 3

M. D. B 1268-8 F 13390

F 13390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

144-w-823

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., 27 Ward)

Length of residence in city or town where death occurred 8 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sophia K. Andrews

(a) Residence: No. 2824 Overland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marvin J. Andrews

6. DATE OF BIRTH (month, day, year) October, 26 1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34	7	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bucks Co. Pa.

FATHER

13. NAME Charles Koch

14. BIRTHPLACE (city or town) (State or country) U. S.

MOTHER

15. MAIDEN NAME Sophia Class

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Marvin J. Andrews
(Address) 2824 Overland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Hartsville Pa Date 6/12/35

19. UNDERTAKER Joseph L. Cook
(Address) 1003 West Baltimore St.

20. FILED JUN 10 1935 E. E. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6.45 A.M.
m.

The principal cause of death and related causes of importance were as follows:

Pregnancy, Placenta Praevia — Date of onset 6/9/35

Other contributory causes of importance: Cerebral embolus — Unknown

Name of operation Cesarean Section Date of 6/9/1935

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hamm, M. D.
Coroner

(Address) 1215 Hanover Street

M. D. P. Form 8-9 F 13391

F 13391

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 3 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martin Szymaszek

(a) Residence: No. 620 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Agnes Szymaszek

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? no

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Florian Szymaszek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Catherine (?)

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT (Address) Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL Place Holy Rosary Date June 12 35

19. UNDERTAKER (Address) F. W. Szaforski 1930 Eastern Ave

20. FILED [illegible] Huntington Wilson [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3 1935 to 6-8 1935

I last saw h[illegible] alive on 6-8 1935 Death is said to have occurred on the date stated above, at 2P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3 mos ?
Secondary Anemia ?	?
Inanition .	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Ralph T. Mankin M. D.

(Address) Balto. City Hospt

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208 F 13392

F 13392

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Church Home & Infirmary St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Edward Rostkowski

(a) Residence: No. 641 S. Montford St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Mrs Josephine Rostkowski

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	49			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own business

10. Date deceased last worked at this occupation (month and year) 0086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Frank Rostkowski

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Josephine Wozniak

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Frances Rostkowski

(Address) 641 S Montford Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 11 1935

19. UNDERTAKER Fred W Ozazewski

(Address) 1900 Eastern Ave.

20. FILED 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935 to June 7 1935.

I last saw him alive on June 7 1935. Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerotic Nephritis — Uremia — Date of onset unknown

Other contributory causes of importance: uremia — unknown

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Vernon H Norwood M. D.

(Address) Church Home & Infirmary

M. D. P. 1268-9

Cora Conner

F 13393

F 13393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 48

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Conner

(a) Residence: No. 1807 N. Luzerne St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND (or) WIFE of Robert H. Conner

6. DATE OF BIRTH (month, day, year): Dec 7, 1874

7. AGE: Years 60 | Months 7 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year): 2

11. Total time (years) spent in this occupation: 8

12. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

FATHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL. Place Woodland Park Date June 11 1935

19. UNDERTAKER (Address): John Wedrich 2008 Orleans St.

Huntington Williams, M.D.
Registrar.

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to June 9 1935

I last saw her alive on June 6 1935. Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix Uteri	?
Broncho-Pneumonia	6/7/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Green, M.D.

(Address) Balto City Hospitals

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13394

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13394

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 4 mos 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hattie M. Seidel

(a) Residence: No. 3504 Bank St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Jacob Seidel

6. DATE OF BIRTH (month, day, year) January 19, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	4	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Thomas Herman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Annie Van Horn

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Jacob Seidel

(Address) 3504 Bank St.

18. BURIAL, CREMATION, OR REMOVAL

Place Prospect Hill Cem. Date June 12 1935

19. UNDERTAKER John Leerich & Son

(Address) 2008 Arlington Ave. Huntington Pittsville W. Va.

10 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 11:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1 year
Incarcerated Umbilical Hernia	

Other contributory causes of importance:

Shock

Name of operation Exploratory Laparotomy Date of June 9-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

F 13395

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13395

Registered No. 131

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 426 N Kenwood ave Ward) 6

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Conrad Moeller

(a) Residence: No. 426 N Kenwood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret C Moeller

6. DATE OF BIRTH (month, day, year) April 20-1885

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrotyper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Label printer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 34 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Conrad Moeller

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Rose Schaaf

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mrs Margaret Moeller

(Address) 426 N Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date June 1. 1935

19. UNDERTAKER John Yeerick

(Address) 200 E Preston St

Huntington Ave Funeral Home

6-10-1935 FILED . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 20. 1935. to June 5. 1935

I last saw him alive on June 1. 1935. Death is said to have occurred on the date stated above, at 12 o m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
132 Uraemia —	6/5/35
133a chronic nephritis — Pyelitis.	1yr
cardio-vascular — Renal 131a	10yr
137 Other contributory causes of importance: arteriosclerosis — aortic insuff — and Hypertension 92a 102	1yr

Name of operation — Date of

What test confirmed diagnosis? Usual clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .

(Signed) Fern F. Hummel M. D.

(Address) 722 N. Kenwood Ave

M. D. F. 1268-9

F 13396

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13396

CERTIFICATE OF DEATH

✓ 168

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Clifton Park St., 9 Ward)

Length of residence in city or town where death occurred 54 yrs. 3 mos. 16 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Joseph A. Bowerman

(a) Residence: No. 1708 Holbrook St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret A. Bowerman

6. DATE OF BIRTH (month, day, year) Febmay 22, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	3	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor 8073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Penna. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME James B. Bowerman

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Jane Hammond

16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

17. INFORMANT Margaret A. Bowerman (Address) 1708 Holbrook St.

18. BURIAL, CREMATION, OR REMOVAL Place Lorraine Date 6/17/35

19. UNDERTAKER [illegible] (Address) 1432 W[illegible]

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8 A ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Laceration of throat	

Other contributory causes of importance:

Laceration of Trachea
Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury June 9, 1935

Where did injury occur? Clifton Park - Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place as stated above.

Manner of injury Cut with razor

Nature of injury Laceration of Throat & Trachea

24. Was disease or injury in any way related to occupation of deceased? No If so, specify Paul Schaeffer M.D.

(Signed) ... M. D.
Coroner

(Address) 1919 E. North Ave.

JUN 10 1935

M. D. F. 1268-9

F 13397

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13397

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Sq. Hospital St., 19 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Karavedas

(a) Residence: No. #13-S.Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - -

6. DATE OF BIRTH (month, day, year) Aug. 15th, 1921

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
13	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0-0-0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Dionisios Karavedas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Vasiliki (Fegara)

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT Dionisios Karavedas
(Address) #13-S.Fulton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date 6/11/35 19

19. UNDERTAKER Sam & Ruth Sac
(Address) 1735 Harford Ave. Sam
Hunter 6-VII

20. FILED JUN 10 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-8-35 6-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h alive on June 7 19 .. Death is said to have occurred on the date stated above, at 1 m.

The principal cause of death and related causes of importance were as follows:

Date of onset 4 weeks before death

Hemorrhage of intestines. Probable ulcer from Typhoid fever.

Other contributory causes of importance:

Hospital Diagnosis Typhoid Fever.

Name of operation Hemorrhage & Perforated Ulcer Date

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Chas. H. Chilcoat M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B. 1268-9

F 13398

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13398

X V 161-D

CERTIFICATE OF DEATH

1. PLACE OF DEATH Women's Hospital of Maryland — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Riley (Thomas Riley)

(a) Residence: No. Baltimore Md St., ... Ward.
(Usual place of abode) (Non-residents give city or town and State)

1307 N. Washington St

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 8-1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Barney Riley

14. BIRTHPLACE (city or town) (State or country) 1307 Washington St Atlanta Ga

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) 1307 Washington St Atlanta Ga

17. INFORMANT Barney Riley

(Address) 1307 Washington St. Atlanta Ga.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 10 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1700 Eastern Place Huntington Woods N.J.

20. FILED ... 19...

JUN 10 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 10, 1935

I last saw him alive on June 10, 1935. Death is said to have occurred on the date stated above, at 4:21 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) John G. Murray Jr. M. D.

(Address) 9 Eastchase Atlantic

M. D. F. 1268-9

F 13399 Campbell Funeral Home

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13399

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 32 E. Barney St., 23 Ward)

Length of residence in city or town where death occurred 69 yrs. 6 mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Michel - nee Klein

(a) Residence: No. 32 E. Barney st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Henry Michel

6. DATE OF BIRTH (month, day, year) Dec 5th 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles H. Klein

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dora E. Siffel

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Carrie Firoved
(Address) 1603 Jackson st

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date 6/11/35

19. UNDERTAKER Theo. Weber & Son
(Address) 2503 Edmondson Ave Huntington Hilltop, 1939

Registrar.

JUN 10 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 29 1935 to June 8 1935

I last saw her alive on June 8 1935 Death is said to have occurred on the date stated above, at 11.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/29/35
Other contributory causes of importance: Exhaustion	6/7/35

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Campbell M. D.

6/10/35 (Address) 1644 Hanover St

M. D. B 1268-9

F 13400

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13400

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Dillon St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? .... yrs. .... mos. .... ds.

2. FULL NAME Michal Pater

(a) Residence: No. 2907 Dillon St., ... Ward. .....

(Usual place of abode) Md.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Pater

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
90			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer about

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME not known

14. BIRTHPLACE (city or town) (State or country) Poland

FATHER

15. MAIDEN NAME Wiencek

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT James Pater

(Address) 2907 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Date June 12 1935

19. UNDERTAKER John J. Reda

(Address) 2611 Hudson St Huntington Williams, W. Va.

JUN 10 1935 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Febr. 5 1935 to June 9 1935

I last saw him alive on June 9 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	months

Other contributory causes of importance:

Chronic Myocarditis	months

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury — 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ....

(Signed) Frank D. Jauncey M. D.

(Address) 2031 Fait Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 13401

M. D. B. F 13401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 93-e

Registered No. 100

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Robert T. Barbour

(a) Residence: No. Port Tobacco, Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov. 10, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6 7	20 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Frank Barbour

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Lora.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT V. B. Sykes.
(Address) Leonardtown, Md

18. BURIAL, CREMATION, OR REMOVAL
Place Leonardtown Date May 31, 1935

19. UNDERTAKER C. Penn.
(Address) Leonardtown, Md

20. FILED May 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1935 to May 29, 1935

I last saw him alive on May 29, 1935 Death is said to have occurred on the date stated above, at 3:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Cardiac Decompensation	2 wks

Other contributory causes of importance

Benign Prostatic Hypertrophy	5/5/35

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lauretta L. Kerns M.D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V53

10 1935

M. D. F 1263-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13402

13402

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 Myrtle Ave. Ward 25)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William J. Green

(a) Residence: No. 218 Myrtle Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie Green

6. DATE OF BIRTH (month, day, year) Dec. 25-1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

FATHER

13. NAME John Green

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

MOTHER

15. MAIDEN NAME Mary Francis Myles

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Carrie Green

(Address) 218 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 12, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N. Schroeder St.

20. FILED JUN 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 8, 1935.

I last saw him alive on June 8, 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	July 1 1934

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo J Green, M. D.

(Address) 507 Lexington St.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13403

CERTIFICATE OF DEATH

✓ 108

F 13403

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Providence Hospital St., 19 Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Benjamin Gray

(a) Residence: No. 1708 W Mulberry St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 18 - 1928

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. D

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cocoa Fa

FATHER

13. NAME Waldo Gray

14. BIRTHPLACE (city or town) (State or country) Prosperity SC

MOTHER

15. MAIDEN NAME Sloglelia Crews

16. BIRTHPLACE (city or town) (State or country) Prosperity S C

17. INFORMANT Mrs Sloglelia Crews

(Address) 1728 W Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 10, 19 35

19. UNDERTAKER Mrs Katie A Williams

(Address) 322 N Edmondson Ave.

20. FILED JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to June 9, 1935

I last saw h. alive on June 9, 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	June 7 1935

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo. S. Allen, M. D. Coroner

(Address) 501 Aisquith St

M. D. B. 1268-9

HARRIS

13404 HEALTH DEPARTMENT—CITY OF BALTIMORE 13404

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N. Chapel St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret S. Harris

(a) Residence: No. 1715 N. Chapel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Harris

6. DATE OF BIRTH (month, day, year) Aug 10 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
78	79	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Thos. Pearce

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Elmira Pearson

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT G. H. Harris
(Address) 1715 N. Chapel St

18. BURIAL, CREMATION, OR REMOVAL
Place Arunah Pk Date 6/11 193

19. UNDERTAKER Robert Brooks & Son
(Address) Cathedral & Madison Sts

20. FILED 19 Hunter Stone Williamson, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1935, to June 9, 1935

I last saw her alive on June 8, 1935. Death is said to have occurred on the date stated above, at 6 45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	
Chr. Myocarditis	
Myocardial Failure	

Other contributory causes of importance:

Chr Bronchitis	

Name of operation None Date of

What test confirmed diagnosis? Aut. Anat. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) E. H. Schmincke M. D.

(Address) 8425 East Ave.

OCCUPATION is very important. See instructions on back of certificate.

S. 3

JUN TO 1935

M. D. R. 1268-9

E 13405

13405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1005 Linden ave St., 11 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella H. Brooks

(a) Residence: No. 1005 Linden ave St., Ward. Augusta Ga.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C.	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Family

10. Date deceased last worked at this occupation (month and year) 00

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unkown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unkown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Minnie Berry

(Address) 1005 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Augusta Ga. Date 6/11, 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 57 E. W. Riddle St.

20. FILED Hampton Williams Registrar.

6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 35

22. I HEREBY CERTIFY, That I attended deceased from April 29, 35 to June 8, 35

I last saw h[illegible] alive on June 8, 35 Death is said to have occurred on the date stated above, at 4 O'clock p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6 6 1935
Other contributory causes of importance:	
Hypertension	1934

Name of operation None Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

13406 F 13406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Bertrand

(a) Residence: No. 1925 N. Castle St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Bertrand

6. DATE OF BIRTH (month, day, year) Aug 20th 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	9	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Doherty

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Klavin

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Louis Bertrand
(Address) 1925 N Castle St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date June 12th, 1936

19. UNDERTAKER Leo G. Gook
(Address) 1703 N Patt Park ave

20. FILED ... Huntington ... Gook

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6/16, 1935 to 6/9, 1936

I last saw her alive on 6/9, 1936 Death is said to have occurred on the date stated above, at 5-½ p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	6 yrs.
Cerebral hemorrhage	6 yrs.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

V-8 3

M. D. B 1268-9

F 13407

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13407

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore Geberal Hospital St., 22 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 60 yrs. ---- mos. ---- ds.

2. FULL NAME John Cadden.

(a) Residence: No. 624 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXXX HUSBAND of (XXXXXXXX) Ida S Cadden.

6. DATE OF BIRTH (month, day, year) January 18, 1868

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
67	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bartender.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME James Cadden.

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Margaret Cassidy.

16. BIRTHPLACE (city or town) (State or country) Scotland.

17. INFORMANT Ida S. Cadden. (wife)
(Address) 624 S. Paca St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pk. Date June 11. 1935

19. UNDERTAKER Hilda Loerdens
(Address) 217 E Pacast.

20. FILED 10 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h___ alive on ____, 19__. Death is said to have occurred on the date stated above, at 12.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis.	
Uraemia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Inquiry Date of injury No ____, 19__

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Otto H. Feinhardt, M. D. Coroner
6/10/35 (Address) 1017 N. Charles St.

M. D. B. 1268-9

F 13408

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 737 Mulberry St., 4 Ward)

Registered No. F 13408

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earnest Bernard

(a) Residence: No. 737 Mulberry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M.	Col.	Married

5a. If married, widowed, or divorced WIFE of Kate Bernard

6. DATE OF BIRTH (month, day, year) 1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME Rolk Bernard

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Odessa

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Kate Bernard

(Address) 737 W. Mulberry St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem. Date 6/4/35

19. UNDERTAKER Joseph Morris Wright

(Address) 1218 McCulloh

Huntington Williams

20. FILED JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6/35

22. I HEREBY CERTIFY, That I attended deceased from 4/4/35, to 7/6/35

I last saw h[illegible] alive on 7/6/35 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Uremia	7/3/35
(b)	
(c)	

Other contributory causes of importance: Pyelonephritis Suppurative Bilateral

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) A. Lee Ellis, M. D.

(Address) 737 Madison

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3

M. D. P. 1268-9

Artley Reavis

13409

HEALTH DEPARTMENT—CITY OF BALTIMORE

13409

CERTIFICATE OF DEATH

Registered No. Hospital

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City St., 110 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Artley Reavis
(a) Residence: No. 715 Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married
5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of: Edward Reavis
6. DATE OF BIRTH (month, day, year): Aug 5, 1906
7. AGE — Years: 28 — Months: 9 — Days: 19 — If LESS than 1 day, hrs. or min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dyeresser
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 2
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER
13. NAME: Buss Mitchell
14. BIRTHPLACE (city or town) (State or country): Va

MOTHER
15. MAIDEN NAME: Susan Kirksey
16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Auburn Cemetery 6/10, 1935

19. UNDERTAKER (Address): Robert F. Cannon & Co 1 E. Caroline St

Filed JUN 10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 35 to June 4, 35, 1935. I last saw h[illegible] alive on June 4, 35, 1935. Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 months
Pulmonary Tuberculosis	

(Other conditory causes of importance:) Pott's Disease of Spine. 4 Months

Name of operation: Laminectomy Date 2/6/35

What test confirmed diagnosis: X Rays Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Yard M. D.
(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-9

F 13410

HEALTH DEPARTMENT—CITY OF BALTIMORE

13410

CERTIFICATE OF DEATH

X181

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital 25 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Stanley J. Massey

(a) Residence: No. 9 Winchester Ave Elliott City St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marion Massey

6. DATE OF BIRTH (month, day, year) Aug. 12, 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miller

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mills

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Deleware

FATHER

13. NAME Carroll Massey

14. BIRTHPLACE (city or town) (State or country) Delewar

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Deleware

17. INFORMANT Marion Massey
(Address) Elliott City.

18. BURIAL, CREMATION, OR REMOVAL
Place Dover Del. Date 6/12/35

19. UNDERTAKER Frederick L. Cole
(Address) 1205 W. Lombard St.

Filed ..... 1935 ..... Registrar.

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on June 6 1935 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

A Thrombosis Coronary Secondary Pyogenic Infection Arm Lung & Abdomen

Date of onset 5/8

Other contributory causes of importance:

Gradual Failing Heart 24 hrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury May 8. 1935

Where did injury occur? Elliott City.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Burned.

Nature of injury Burned 2nd. degree

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Chas H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B. 1200 F 13411

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13411

× 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Jn. St., 2nd 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Louise Jacobs

(a) Residence: No. Woodlawn, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George A. Jacobs

6. DATE OF BIRTH (month, day, year) Oct 24, 1871

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	7	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 003

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Eli Thomas

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Louisa McKnew

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT George A. Jacobs
(Address) Woodlawn Md

18. BURIAL, CREMATION, OR REMOVAL Interment Date June 12, 1935

19. UNDERTAKER Thurnott Lodge
(Address) 2316 E. Lombard

20. FILED . 19 Registrar.

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935 to June 9, 1935

I last saw ~~her~~ alive on June 9, 1935. Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	6/7
Other contributory causes of importance: Hypertensive Cardio-Vascular Disease with Chronic Myocarditis	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leila M. Dorsey M. D.

(Address) West Balto Jn Baltimore

M. D. B. 1268-9 F 13412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13412

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2829 Bunard St. St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucretia Eaton

(a) Residence: No. 2829 Bunard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William W. Eaton.

6. DATE OF BIRTH (month, day, year) May 15, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Joseph Palmer.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Cassandra Passmore

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. James W. Cooke.
(Address) 2829 Bunard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Zion, Fulton Md. Date June 11, 1935

19. UNDERTAKER Chenowith Bros.
(Address) 3615 Pennsylvania Ave.

20. FILED JUN 10 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on June 8 19 Death is said to have occurred on the date stated above, at 7 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Injury Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Heidenfeld M. D.
Coroner

Address 850 W. 33rd St. Coroner

M. D. B 1268-9

F 13413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13413

CERTIFICATE OF DEATH

181

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Church Home & Infirmary St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Herold

(a) Residence: No. 729 N. Lakewood ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Frances Herold

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Electric Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 6 03

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Albert Herold

14. BIRTHPLACE (city or town) —
(State or country) Austria

MOTHER

15. MAIDEN NAME Mary Picha

16. BIRTHPLACE (city or town) —
(State or country) Austria

17. INFORMANT Frances Herold
(Address) 729 N. Lakewood ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 12, 1935

19. UNDERTAKER Frank Cusa & Sons
(Address) 905 E. Baltimore St.

Huntington Hillside

20. FILED 10 1935, 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second & Third degree burns of back & chest	10 days
Other contributory causes of importance:	
Hepatitis	
Nephritis	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury May 28, 1935
Where did injury occur? Western Electric Co. Point Breeze, Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Industry
Manner of injury Steam pipe line burst
Nature of injury 2nd & 3rd degree burns of back & chest

24. Was disease or injury in any way related to occupation of deceased?
Yes If so, specify Repairing line

(Signed) Paul Schreiber, M. D.
Coroner
(Address) 1919 E. North Ave.

M. D. B. 1268-5

✓ F 13414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13414

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 11 N. Ellwood Ave Ward 6)

Length of residence in city or town where death occurred 51 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Barbara Novak

(a) Residence: No. 11 N. Ellwood Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Joseph Novak

6. DATE OF BIRTH (month, day, year): Oct 6 - 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md

FATHER

13. NAME: James Drehoff

14. BIRTHPLACE (city or town) (State or country): Austria

MOTHER

15. MAIDEN NAME: Mary Kandl

16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Miss Marie Cerney

(Address) 11 N. Ellwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Hill Date: June 11 1935

19. UNDERTAKER: Frank C. Vach & Sons

(Address) 1906 Aisquith Ave.

20. FILED JUN 10 1935, 19... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov ..., 1934, to June 7, 1935

I last saw her alive on June 7, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) Eugene Zeller, M. D.

(Address) 2139 Eastern Ave

M. D. B 1269-9

F 13415

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13415

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Bush St. St., 21 Ward)

Length of residence in city or town where death occurred 13 yrs. 4 mos. 22 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard A. Huster.

(a) Residence: No. 804 Woodward St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of ---- --------

6. DATE OF BIRTH (month, day, year) January 18, 1922

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	13	4	22 ?	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John A. Huster.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Ada R. Perry.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT John L. ~~Perry~~ Huster (father)
(Address) 804 Woodward St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Pa[illegible] Date 6/11 1935

19. UNDERTAKER Edmund Walter
(Address) 618 N. Eutaw St.

20. FILED ..... 19 ..... Registrar.

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4.05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Accidental fall from a boat.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Otto M. Reinhardt M. D.
Coroner

6/10/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 13416

F 13416 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # I24I W. Cross St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Bridget D. McCarthy

(a) Residence: No. # I24I W. Cross St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Patrick J. McCarthy

6. DATE OF BIRTH (month, day, year) Mar I8th, I868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
67	2	23 yr	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Quaid

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Hogan

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mr Patrick J. McCarthy

(Address) # I24I W. Cross St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6 / I3 / 1935

19. UNDERTAKER John J. Cowan & Son

(Address) # 90I Hollins Street

Huntington Williams

20. FILED 6 10 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / I0 / 1935

22. I HEREBY CERTIFY, That I attended deceased from 5 / , 1935 to 6 / I0 , 1935

I last saw her alive on 6 / I0 , 1935 Death is said to have occurred on the date stated above, at I2.30 m. A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Coma	4 da.

Other contributory causes of importance:

Chronic Nephritis with Hypertension Arterio-Sclerotic Cardio-vascular Disease	5 yrs

Name of operation ..... Date of .....

What test confirmed diagnosis Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Joseph A. Lankcaitis M. D.

(Address) 639 Washington Blvd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13417

F 13417

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. # 103 S. Arlington Ave. 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 73 yrs. 5 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William C. Taylor

(a) Residence: No. # 103 S. Arlington Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late Carrie E. Bishop

6. DATE OF BIRTH (month, day, year) Dec, 25th, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	5	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Elevator operator

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry C. Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Estella Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs Richard W. Town

(Address) # 103 S. Arlington Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date 6 / 12 1935

19. UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

20. FILED 10 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 / 9 / 1935.

22. I HEREBY CERTIFY, That I attended deceased from Nov 8 1931 to June 9 1935

I last saw h[illegible] alive on June 8 1935. Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerotic myocardial disease	1?,
Other contributory causes of importance: Heart Block	5/24/35

Name of operation ... Date of ...

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. V. Trippen M. D.

(Address) 1326 W. Lombard St

V. S. 3

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Marceau

F 13418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13418

CERTIFICATE OF DEATH

94-a

Registered No. .....

1. PLACE OF DEATH Pashuls Army Stage.

CITY OF BALTIMORE: (No. 3700 Edmondson Ave St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Charles Hartley Marceau

(a) Residence: No. 3940 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel M. Marceau

6. DATE OF BIRTH (month, day, year) May 24 1887

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
48	0	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0608

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Canada

FATHER

13. NAME Justus A. Marceau

14. BIRTHPLACE (city or town) (State or country) Canada

MOTHER

15. MAIDEN NAME Mrs Ethel M Gallinger

16. BIRTHPLACE (city or town) (State or country) Nova Scotia

17. INFORMANT Mrs Charles H. Marceau

(Address) 3940 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem 6/11/35 19

19. UNDERTAKER Harry W. Weber

(Address) 1161 Pennsylvania Ave Huntington Cabell Wayne W. Va.

20. FILED JUN 10 1935 19 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19..

I last saw h.. alive on ..... 19.. Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Duration about 3 years

Other contributory causes of importance: Had angina heart trouble about 3 years.

Date of onset

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas Hannan M. D.

Coroner

(Address) 1315 Hanover St.

M. D. B 1268-9

✓ F 13419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13419 X 131

CERTIFICATE OF DEATH

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. _____ St., 7 Ward)

Length of residence in city or town where death occurred yrs. 2 mos. 16 dys. How long in U. S. If of foreign birth? yrs. mos. dy.

2. FULL NAME Virginia Neale

(a) Residence: No. 1334 Forest Rd. St., _____ Ward. Sparrows Pt.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/22/22

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
12	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Guy Neale

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Rosa Phillips

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Portsmouth Va. Date June 1935

19. UNDERTAKER H. Lander Sons Inc

(Address) 1711 Eutaw St

20. FILED 10 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 25, 1935 to June 9, 1935

I last saw h[illegible] alive on June 9, 1935 Death is said to have occurred on the date stated above, at 12 10 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Hemorrhagic Nephritis	May 1934
Uraemia	March 1935
Acute pulmonary edema	June 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Henry O. Stebbins M. D.

(Address) The Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13420

300242 F 13420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Fred x Webster

(a) Residence: No. Upper Lisle St., ... Ward. New York
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-11-80

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	54	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C026

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Alexander Webster

14. BIRTHPLACE (city or town) (State or country) N Y

MOTHER

15. MAIDEN NAME Nanie Porter

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Whitney Pt. N.Y. 6-12-35

19. UNDERTAKER J. F. Mitchell
(Address) 920 Eutaw St

20. FILED ... 19... Huntington for Williams
Registrar.

JUN 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 19... to June 10, 1935
that I saw h... alive on June 10, 1935 Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor (malignant)	March 1935

Other contributory causes of importance:

Name of operation Rt craniotomy Date of 6/9/35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, (Over)

(Signed) Edward J. Stafford, M. D.

(Address) The Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly coded. Each statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. P. 1208-9

Evander Drake ✓ F 13421

13421

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals 152

Registered No.

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Evander Drake

(a) Residence: No. 1117 E Monument Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 1885

7. AGE: Years 50 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): South Carolina

FATHER

13. NAME: Alvin Drake

14. BIRTHPLACE (city or town) (State or country): S. C.

MOTHER

15. MAIDEN NAME: Sally ?

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 10, 19 35

19. UNDERTAKER

(Address)

Huntington Funeral Home, Registrar.

JUN 10 1935

1447 6 1107

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1935 to June 7, 1935

I last saw him alive on June 2, 1935 Death is said to have occurred on the time stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:

Lig Aleus 6 Uterio Selenitis — Date of onset 7

Other contributory causes of importance: Bronchopneumonia — 5/31/35

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

Amputation Leg Left 5/16/35

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant, M.D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Also state OCCUPATION in very important. See instructions on back of certificate.

13422 E 13422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

+ 112

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland Gen. Hosp (St.) 11 (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Bonnie Janette Jackson

(a) Residence: No. Bradshaw, Md. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of James Jackson

6. DATE OF BIRTH (month, day, and year) June 5, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Spanish Point, Md.

FATHER

13. NAME Jas a Jones

14. BIRTHPLACE (city or town) (State or country) Wales Md

MOTHER

15. MAIDEN NAME Rebecca Fitzgerald

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Richard Roden Bradshaw Md

18. BURIAL, CREMATION, OR REMOVAL
Place W I Carried over Date June 13—

19. UNDERTAKER (Address) Dand Davidson Upper Falls Md

20. FILED ... Registrar

OCCUPATION is very important. See instructions on back of certificate.

N 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 10, 1935
I last saw h[illegible] alive on June 10, 1935 Death is said to have occurred on the date stated above, at 11½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute heart failure	5-203
Bronchial Asthma	1911

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury?
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Claude C Elliott Babcock M. D.
(Address) Maryland Gen. Hosp

✓ F 13423

3423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 23 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Oscar Grafton.

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 5/31/79.

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
56.		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Georgetown Pa.

FATHER

13. NAME Joseph Md.

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Eliz. Gibbs

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records Bed.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 9 1935

19. UNDERTAKER .....
(Address) .....

19 .....

10 1935

1440

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1935 to 6/5 1935

I last saw h[illegible]live on 6/5 1935 Death is said to have occurred on the date stated above, at 6 55 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of lung	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1203-9

13421

✓ F 13424

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1107 Mc Elderry St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Jefferson

(a) Residence: No. 1107 Mc Elderry St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hrs. 45 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COLD

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME Willie Jefferson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Henrietta Wheeler

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jefferson Med School Date June 10, 1935

19. UNDERTAKER

(Address)

20. FILED JUN 10 1935 Augustus Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1st, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1935, to June 1st, 1935

I last saw her alive on June 1st, 1935 Death is said to have occurred on the date stated above, at 9:15 a. m.

The principal cause of death and related causes of importance were as follows:

Premature birth — Date of onset June 1st

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Spence, Jr. M. D.

(Address) JOHNS HOPKINS HOSPITAL

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 13425

F 13425
300 193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

Registered No.

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Hasenpflug

(a) Residence: No. 1630 N. Gilmor St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word)

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/2/33

7. AGE: Years — Months 1 Days 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md —

FATHER

13. NAME Alfred Hasenpflug

14. BIRTHPLACE (city or town) (State or country) Pa —

MOTHER

15. MAIDEN NAME Hilda Riddick

16. BIRTHPLACE (city or town) (State or country) N C —

17. INFORMANT Records

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL. Place J. H. Med School Date June 10 1933

19. UNDERTAKER .....

(Address) .....

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 5 — 1933

22. I HEREBY CERTIFY, That I attended deceased from June 5 — 1933 to June 5 — 1933

I last saw h e alive on June 5 — 1933 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia (staphylococcus)	2 days
Sinus Thrombosis	

Other contributory causes of importance:

Prematurity

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Louis F. Schwartzkopf M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1450 N

M. D. P. 1268-9

13426 ✓ F 13426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 21 W. Barney St., 23 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Infth. of Mr & Mrs Albert J. Smith

(a) Residence: No. 21 W Barney St., 23 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert Smith

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna M. Schmidt

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Albert Smith

(Address) 21 W Barney St

18. BURIAL, CREMATION, OR REMOVAL

Place Dr Rohrer's State Bounds Jun 10 . 1935

19. UNDERTAKER

(Address)

10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 . 1935 to June 8 . 1935

I last saw h alive on June 8. 1935 Death is said to have occurred on the date stated above, at 1 / Xm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Gestation 4½ Mo	
Other contributory causes of importance:	
Erysipelas	

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed R. E. Campbell M. D.

6/10/35 (Address) 1649 Eutaw

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby O'Connor

(a) Residence: No. 1840 Rutland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 2, 1935

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. 7½ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: James O'Connor

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Katherine Kidd

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Jo Hopkins Cemetery Date June 10, 1935

19. UNDERTAKER (Address)

FILED 19 Registrar

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2nd, 1935 to June 2nd, 1935.

I last saw h[illegible] alive on June 2nd, 1935. Death is said to have occurred on the date stated above, at 2:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6 2 35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Shaw, Jr. M. D.

(Address) Johns Hopkins Hospital

SEE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13428

HEALTH DEPARTMENT—CITY OF BALTIMORE

13428

46-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 147 N. Hare St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? 44 yrs. mos. ds.

2. FULL NAME Johanna Hrubes (Rubesch) If U. S. Veteran specify WAR

(a) Residence: No. 147 N. Hare St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Frank Hrubes Sr

6. DATE OF BIRTH (month, day, year): Aug. 29-1862

7. AGE: Years 72 | Months 9 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Austria

FATHER

13. NAME: John Kina
14. BIRTHPLACE (city or town) (State or country): Austria.

MOTHER

15. MAIDEN NAME: Anna ?
16. BIRTHPLACE (city or town) (State or country): Austria

17. INFORMANT: Johanna Hrubes
(Address): 147 N. Hare St.

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross Date: June 11- 1935

19. UNDERTAKER: Margaret A. Flynn
(Address): 1422 Light St

20. FILED 10 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 9, 1935

I last saw her alive on June 9, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	2/1/35
Other contributory causes of importance: Cardiac Exhaustion	1 dy

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William J. Rosario M. D.
(Address) 801 Edmondson

OCCUPATION is very important. See instructions on back of certificate.

V S 3

13429 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13429

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Length of residence in city or town where death occurred 24 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Harrigan

If U. S. Veteran specify WAR

(a) Residence: No. 25 or P E, Preston St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) 3/15/1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53.	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iron worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1979

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Patrick Harrigan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Martha Hurley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hoz Redeemer Date 6/12 19 35

19. UNDERTAKER J. J. Mahan
(Address) 3000 E Balto St.

CERTIFIED 10 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1935 to 6/9 1935

I last saw him alive on 6/9 1935. Death is said to have occurred on the date stated above, at 6 24 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.
Coronary occlusion (?)	3 4 h.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 13430

13430 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 26 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Hagan

(a) Residence: No. 3139 Dudley Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31-1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	—	8 7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Contr

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Michael Hagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret McKenna

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Hosp.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date 6/11/35

19. UNDERTAKER J. J. Ingoldsby & Co.
(Address) Huntington, West Virginia

6/10 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935 to June 8 1935

I last saw him alive on June 8, 1935. Death is said to have occurred on the date stated above, at 5.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt Lobar pneumonia	6/3/35
Other contributory causes of importance:	
Dementia praecox	?
Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Duncan S. Glascock M. D.

(Address) 3326 Fairfield Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13431

13431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Inf St., 9 Ward)

Length of residence in city or town where death occurred 53 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME James Patrick Comeau

(a) Residence: No. 720 E. 36th St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (~~or WIFE~~ of) Mrs. Mary A Comeau.

6. DATE OF BIRTH (month, day, year) Jan 8, 1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53	5 4	029	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Policeman 6th

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Police Dept

10. Date deceased last worked at this occupation (month and year) May 1935. 11. Total time (years) spent in this occupation 39 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Comeau.

14. BIRTHPLACE (city or town) (State or country) Tubbereen Ireland.

MOTHER

15. MAIDEN NAME Mary E. Clancy

16. BIRTHPLACE (city or town) (State or country) Tipperary Maryland

17. INFORMANT James M. Ward (Brother-in-law)
(Address) 720 E. 36th St.

18. BURIAL, CREMATION, OR REMOVAL
Place Interred Date 6/11 1935

19. UNDERTAKER J. A. Nolan
(Address) 3600 E. Baltimore St.

20. FILED ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 . 1935 to June 7 . 1935
I last saw h'm alive on June 7 . 1935. Death is said to have occurred on the date stated above, at 7:15 P m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum & Metastases to Liver — Date of onset Nov. 1934 (estimated)
Myocarditis, Chr. with Acute Dilatation

Other contributory causes of importance:
Shock, Post-Operative

Name of operation Resection Rectum with Colostomy Date of June 7, 1935

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Reginald V. Harvey M. D.
(Address) Church Home & Inf

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

F 13432

HEALTH DEPARTMENT—CITY OF BALTIMORE

13432

CERTIFICATE OF DEATH

25 183 Grave 11

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Found floating in the water off
CITY OF BALTIMORE: (No. Standard Fertilizer Co. Curtis Bay Rd)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Unknown.

(a) Residence: No. Do not know. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Do not know.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Do not know.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Police Report. S.D.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Bubbs Cemetery Date June 10, 19 35

19. UNDERTAKER
(Address)

20. FILED 10 1935, 19 .... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found June 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 .....

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Probably accidental.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto W. Reinhardt, M. D.
Coroner

6/7/35 Address 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Carter

(a) Residence: No. 911 Pleasant St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Aa	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1/35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Louise Carter

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Gladys Carter (aunt

(Address) 911 Pleasant st

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 9, 1935

19. UNDERTAKER

(Address)

20. FILED June 10, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-6, 1935.

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1935, to 6-6, 1935.

I last saw him alive on 6-6, 1935. Death is said to have occurred on the date stated above, at 2 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 1 month	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Oalvin B. LeCompte, M. D.

(Address) Provident Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1955

13431

HEALTH DEPARTMENT—CITY OF BALTIMORE

13434

59

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Josephs Hospital

CITY OF BALTIMORE: (No. ..... St. 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Rossel

(a) Residence: No. 5502 Hampnett Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mail	White	widowed

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cathrine Roessel

6. DATE OF BIRTH (month, day, year) Sept. 1 - 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fruit business

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Roessel

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Herman Roessel

(Address) 5502 Hampnett ave

18. BURIAL, CREMATION, OR REMOVAL

Place Rosewood Cem. Date June 11, 1935

19. UNDERTAKER Le-Roy L. Hedges

(Address) 6209 Reisterstown Rd

20. FILED JUN 10 1935 Wilmington, N.C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11, 1935 to 6-9, 1935

I last saw him alive on 6-9-35, 19 . Death is said to have occurred on the date stated above, at 2:05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Peptic Ulcer	

Other contributory causes of importance:

arteriosclerosis
acidosis

Name of operation Laparotomy Date of 5-16-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. M. Magruder, M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement OCCUPATION is very important. See instructions on back of certificate.

V 53

M. D. B. 1268-9

F 13435

300,101

N. Sub 13435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucy Smith

(a) Residence: No. 1022 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 22, 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	10	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Marcus Harris

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Laura Hill

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn cemetery June 35

19. UNDERTAKER Edw Pierson

(Address) 1631 Greenmount St.

No. 18 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1935 to June 7, 1935

that I saw her alive on June 7, 1935 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar hemorrhage	May 1935
of unknown cause	

Other contributory causes of importance:

Name of operation Cerebellar exploration Date of 6/7/35

What test confirmed diagnosis? Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, how?

(Signed) Edward D. Stafford, M. D.

(Address) Johns Hopkins Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. No. 13436

F 13436

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xV 705-g.

1. PLACE OF DEATH Mercy Hospital

Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert E. Brown

(a) Residence: No. Putty Hill & Baker Ave., Ward. Balto. Co. Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Annie Wolf

6. DATE OF BIRTH (month, day, year) Aug 30th 1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	9 10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ~~Laborer~~ Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Rolling Mills

10. Date deceased last worked at this occupation (month and year) 5/21/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

FATHER

13. NAME Arthur W. Brown

14. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

MOTHER

15. MAIDEN NAME Deborah Lambert

16. BIRTHPLACE (city or town) (State or country) Kent Co. Md.

17. INFORMANT Mrs E. H. Garey
(Address) Westminster Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Chester Cemetery Date 6/13 1935

19. UNDERTAKER Ralph H. Hilton
(Address) Hamilton, Md.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Compound Fracture Right Arm Crushing injury	5/17/35
Other contributory causes of importance: Streptococcus Septicemia	5/21/35

Name of operation Amputation Rt. Arm Date of 5/21/35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/17 1935
Where did injury occur? Rolling Mill Co. Balto. Md.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Eastern Rolling Mills
Manner of injury Caught Arm in Roller
Nature of injury Crushing of Rt. Arm

24. Was disease or injury in any way related to occupation of deceased? yes If so, state how? Direct Cause

(Signed) Edwin B. Wallace M. D.
Coroner
(Address) 1031 St Paul St

OCCUPATION is very important. See instructions on back of certificate.

JUN 11 1935 Hunting Park Ave

M. D. P. 1268 F 13437

F 13437

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city ~~if~~ where death occurred yrs. mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Garrigues Route #2

(a) Residence: No. Nevada Ohio St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	child

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 26 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	4	3	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. per

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME Harry Garrigues

14. BIRTHPLACE (city or town) (State or country) Ohio

MOTHER

15. MAIDEN NAME Florde Walton

16. BIRTHPLACE (city or town) (State or country) Ohio

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL Place Nevada, Ohio Date 6/10 1935

19. UNDERTAKER Wm Cook

(Address) 1214 E Cook St

Huntington W Va

JUN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 10 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to June 10 1935

I last saw him alive on June 10 1935 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus, internal, congenital	Birth
	4 yrs ago

Other contributory causes of importance:

Name of operation Third ventriculostomy Date of 6/6/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Edward D. Stafford M. D.

(Address) Johns Hopkins Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 9 F 13438

F 13438

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 21 Ward)

Length of residence in city or town where death occurred ....yrs. 2 mos. 24 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Iris Mary Bauer

(a) Residence: No. 1303 Herkimer St St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 16, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
✓	0	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank F. Bauer

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Grimes

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Frank F. Bauer

(Address) 1303 Herkimer St.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park. Date June 11 '35

19. UNDERTAKER Charles J. Schwatt

(Address) 505 N. Eutaw St.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bilateral Broncho Pneumonia	
Other contributory causes of importance:	
Influenza	

Name of operation ..... Date of ....

What test confirmed diagnosis Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Bonaduce, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-a

F 13439

James A Watkins

F 13439

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No.

1. PLACE OF DEATH

CITY OF BATIMORE: (No. 1410 W Saratoga St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? 7 yrs. mos. ds.

2. FULL NAME James A Watkins

(a) Residence: No. 1410 W. Saratoga St., Ward. Turke Island.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 26 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Turke Island N J.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Louis Watkins

(Address) 1410 W. Saratoga ST

18. BURIAL, CREMATION, OR REMOVAL

Place Johnson Cemetery Date 6/13 19

19. UNDERTAKER Walter E. Saint

(Address) 122 N. Hamby Bl.

20. FILED Finnington 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on June 19 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Pectarus	June 10-35

Other contributory causes of importance)

No other History

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Kelly M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

F 13440 — 205 Kalb Right West to Corner South 0080 — F 13440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 903 Harden Court Ward 3)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dolly Bensley

If U. S. Veteran specify WAR .....

(a) Residence: No. 903 Harden Court Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND OF~~ (or) WIFE of William Bensley

6. DATE OF BIRTH (month, day, year) Sept 7th 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Calvert Co Md

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Katherine Schmidt

(Address) 903 Harden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 11th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

FILED JUN 11 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1931 to June 9/35 19....

I last saw him alive on June 9/35 19.... Death is said to have occurred on the date stated above, at 1st P m.

The principal cause of death and related causes of importance were as follows:

Pandysis (Hemiplegia) Cerebral — Date of onset June 1/35

Other contributory causes of importance:

Arteriosclerosis & Hypertension

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Symptoms Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John B Holland M. D.

(Address) 120 Light Baltimore

SIGN CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13441 F 13441

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 26 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alton Eugene Chalk

If U. S. Veteran specify WAR X

(a) Residence: No. Camp Holabird St., Ward. Laurel Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mollie Balis

6. DATE OF BIRTH (month, day, year) June 6-1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
59	60	-	4 3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel md

FATHER

13. NAME Chas Edward Chalk

14. BIRTHPLACE (city or town) (State or country) md

MOTHER

15. MAIDEN NAME Susie Elbert Mills

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT [redacted] Isabelle Chalk

(Address) Laurel md

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel md Date June 11th 35

19. UNDERTAKER Lloyd Kacey

(Address) Laurel md.

FILED JUN 11 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/26, 1935 to 6/9, 1935

I last saw him alive on 6/9, 1935 Death is said to have occurred on the date stated above, at 6 3/4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-A

F 13442

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13442

CERTIFICATE OF DEATH

✓210 M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St. 25 Ward)

Length of residence in city or town where death occurred 1 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles A Schanker

(a) Residence: No. 3808 Coolidge Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE Louise M Schanker

6. DATE OF BIRTH (month, day, year) 3/4-1886

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	49	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pumpsman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baldwin Chem Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Schanker

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosa Sandoski

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs Charles A Schanker
(Address) 3808 Coolidge Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date June 11, 1935

19. UNDERTAKER Henry H Weitzler
(Address) 4101 Edmondson Ave

20. FILED JUN 11 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Mennegytes —

Name of operation ..... Date of 6

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of injury 6/4, 1935

Where did injury occur? Shakespeare & Annapolis Rd
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Auto ran into tree

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

Signed Hubert Bulley (Autopsy) M. D.
Coroner

(Address) 1422 Park Ave

OCCUPATION is very important. See instructions on back of certificate.

F 13443

F 13443 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

107-au

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 5 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ellen Bailey

(a) Residence: No. 152 East St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ? Widowed

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

FATHER

13. NAME Norman Parker.

14. BIRTHPLACE (city or town) (State or country) Carrollton Md.

MOTHER

15. MAIDEN NAME Rebecca Brown.

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Cemetery Date June 12 1935

19. UNDERTAKER Lottie Gibbs
(Address) 1406 Ashland Ave Huntington Williamsport, Md.

20. FILED ..... 19..... Registrar.

JUL 1935

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/17, 1935, to 6/9, 1935

I last saw her alive on 6/9, 1935. Death is said to have occurred on the date stated above, at 2.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	3 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A. Reite M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

13444

HEALTH DEPARTMENT—CITY OF BALTIMORE

13444

CERTIFICATE OF DEATH

49-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6 N. Lakewood Ave. 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Theresa Lee Cover

(a) Residence: No. 6 N. Lakewood Ave St. ..... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Cover

6. DATE OF BIRTH (month, day, year) Aug. 8, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	72	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Union Bridge Md.

FATHER

13. NAME David Clemson

14. BIRTHPLACE (city or town) (State or country) Fredk Co. Md.

MOTHER

15. MAIDEN NAME Rachel Hoy

16. BIRTHPLACE (city or town) (State or country) Fredk Co Md.

17. INFORMANT Mr. Harry C. Cover

(Address) 702 Brookwood Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bridge Md. Date June 12, 1935

19. UNDERTAKER Wm. Wickersham & Sons

(Address) Hunting Ave & Paca St.

20. FILED JUN 11 1935

Huntington Wickersham, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to June 9, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 9.45a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of left ovary	5 mos.
Other contributory causes of importance:	
general carcinomatosis	3 months ?

Name of operation Exploratory Date of Apr 3-35

What test confirmed diagnosis Operation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan J. Davidson M. D.

(Address) 3228 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9

3445

HEALTH DEPARTMENT—CITY OF BALTIMORE

13445

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Helton Court Apts St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hosler Coburn

(a) Residence: No. Liberty Hts & Helton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice J. Coburn

6. DATE OF BIRTH (month, day, year) Oct. 12, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	7	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rental Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate Office

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 6 mos

12. BIRTHPLACE (city or town) (State or country) Hopkinton Mass.

FATHER

13. NAME Wm E. Coburn

14. BIRTHPLACE (city or town) (State or country) Mass.

MOTHER

15. MAIDEN NAME Mary E. Draper

16. BIRTHPLACE (city or town) (State or country) Ashland Mass.

17. INFORMANT Mrs. Alice J. Coburn (Address) Helton Court Apts

18. BURIAL, CREMATION, OR REMOVAL Place Milford, Mass. Date June 11 1935

19. UNDERTAKER Wm Thos Sisler Sons (Address) Crosse & Blackwell Co.

20. FILED JUN 11 1935 . 19 Registrar.

Huntington, Milwaukee, Wis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 6th 1935 to June 8 1935

I last saw h alive on June 8 1935. Death is said to have occurred on the date stated above, at 3.30 P m.

The principal cause of death and related causes of importance were as follows:

Enigma Pectoris — Date of onset 3/6/35

Myocardial Insufficiency

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Goldberg M. D.

(Address) 2210 Gutaw St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13446

300200 13446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-e

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL Registered No.

CITY OF BALTIMORE: (No. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S. If of foreign birth 26 yrs. mos. ds.

2. FULL NAME Bertha H. Dalsheimer

(a) Residence: No. Esplanade apts St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Simon Dalsheimer

6. DATE OF BIRTH (month, day, year) 8-16-61

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Abraham Hochstrasser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Zipporah Strauss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Heb. Cem. Date June 12 1935

19. UNDERTAKER Reid Sondheim & Son
(Address) 1902 Eutaw Place

Filed , 19 Registrar.

JUN 11 1935

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to June 9, 1935

I last saw her alive on June 9, 1935 Death is said to have occurred on the date stated above, at 11 25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Pneumonia	11 Days
Carcinoma of caecum	6 mos.

Other contributory causes of importance:

Emergency operation for intestinal obstruction due to carcinoma of bowel in a woman of 73 years. Obstruction relieved

Name of operation Relief of intestinal obstruction Date of 6-9-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. K. Woodhall, M. D.

(Address) J. H. Hospital

M. D. F 1268-9

F 13447

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13447

CERTIFICATE OF DEATH

✓ 9t-w

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1049 W. Fayette St., 18 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William T. Mullarky

(a) Residence: No. 1049 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 20th 1882

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓53		19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ins. Agent

9. Industry or business in which work was done, as silk saw mill, bank, etc. M. W. Mutual Life

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 15yr

12. BIRTHPLACE (city or town) (State or country) Augusta Ga

FATHER

13. NAME Austin Mullarky

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Howley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Mullarky
(Address) Boston Mass.

18. BURIAL, CREMATION, OR REMOVAL
Place Augusta Ga Date June 18th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ... 19 ... Huntington Williamson, W. Va.

JUN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7 35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ... I last saw h alive on June 7 , 19 35 . Death is said to have occurred on the date stated above at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectaris	6/7/35

Other contributory causes of importance:

No History of other illness

Name of operation — None Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thos. H Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1203 F 13448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13448

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 126 S. Wolfe St., V Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Jacob Marek

(a) Residence: No. 126 S. Wolfe St., ... St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Eva Marek

6. DATE OF BIRTH (month, day, year) 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
✓	54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gas & Electric Co

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6082

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME John Marek

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Eva Marek
(Address) 126 S. Wolfe St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Cem. Date June 12. 1935

19. UNDERTAKER John H. Weber
(Address) 401 S. Chester Street

20. FILED JUN 11 1935 Hunting Fay Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 9 1935

I last saw h[illegible] alive on June 9, 1935 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Pulmonary Tuberculosis	3/1/35

Other contributory causes of importance:

Cardiac Exhaustion

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William B. Connell M. D.
(Address) 801 S. Chester St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. P. 1939 F 13449 ✓ F 13449

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1134 Hanover St. 23 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs mos. ds.

2. FULL NAME John H. Robosson

(a) Residence: No. 1134 Hanover St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katherine Burkhardt

6. DATE OF BIRTH (month, day, year) Aug. 15. 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
✓ 56	9	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. artifical Limbs

10. Date deceased last worked at this occupation (month and year) 0066

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Nelson O. Robosson

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Annie Wright

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Mrs John H. Robosson

(Address) 1134 Hanover St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/12, 1935

19. UNDERTAKER Margaut E Flynn

(Address) 1822 Eutaw St.

20. FILED JUN 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1935 to June 9, 1935

I last saw him alive on June 9, 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	Feb. 20th 1935

Other contributory causes of importance:

Name of operation none Date of --

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Deibel M. D.

(Address) 1224-1226 Hanover Street

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

Found Everyman Falls a Washington Blvd

HEALTH DEPARTMENT—CITY OF BALTIMORE

13450 F 13450

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 19 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. ..mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME unknown

(a) Residence: No. unknown St., Ward. unknown (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) May 30 - 1935 ?

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
30-35.			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT ? (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Interred of Md Date Interred, 19

19. UNDERTAKER (Address)

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Found may 30 - 1935 - , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.., to ..., 19..

I last saw h.. alive on ..., 19.. Death is said to have occurred on the date stated above, at ..m.

The principal cause of death and related causes of importance were as follows: Date of onset

Suicide by
Shot that
heart with pistol.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury ..., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place unknown

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Phillips M. D. Coroner

(Address) 1239 Edmondson Ave

Use ink or pencil but if pencil is used be sure it is not a copying pencil. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13451

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 222 N. Highland Ave. St. 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha C. Schoen

If U. S. Veteran specify WAR

(a) Residence: No. 222 N. Highland Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. DATE OF BIRTH (month, day, year): July 27 - 15

7. AGE: Years 19 | Months 10 | Days 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Frederick Schoen

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Christine Stock

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Christine Schoen

(Address) 222 N. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Emmanuel Cem. Date: June 11 1935

19. UNDERTAKER: John C. Miller

(Address) 2435 E. Oliver St

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from about June 1935 to June 8th 1935

I last saw her alive on June 7th 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Jan 1934
Other contributory causes of importance:	
Intestinal Tuberculosis	Jan 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Alfred H. Wentzel M. D.

(Address) 713 Augusta St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 11 1935

M. D. P. 1268-9

F 13452

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. St. Mary's Orphan Asylum Roland Park Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. Lifetime mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME SISTER MARY ROSE (ROSALIE JENKINS)

(a) Residence: No. St. Mary's Orphan Asylum Roland Park St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ::::::::::

6. DATE OF BIRTH (month, day, year) Sept. 4, 1848

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
86	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sister of Charity

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0663

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Alfred Jenkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Elizabeth Hickley

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Sr. Mary Lucretia
(Address) St. Mary's Orphan Asylum

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 6/12 . 1935

19. UNDERTAKER Chas B Maus & Son
(Address) 915 W. Fayette, Royal Ave.

20. FILED Huntington Williams, Registrar.
JUN 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1932. to June 10 . 1935.
I last saw her alive on June 10. 1935. Death is said to have occurred on the date stated above, at 4 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Arteriosclerosis	Unknown

Other contributory causes of importance:

Uremia

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ___ Date of injury ___ . 19 ___

Where did injury occur? ___
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) [illegible] M. D.

(Address) 2928 St Paul St

INFORMATION should be carefully supplied. Any error should be corrected. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 13453

HEALTH DEPARTMENT—CITY OF BALTIMORE

13453

CERTIFICATE OF DEATH

134-82-N

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME EDWARD SCHMIDT

(a) Residence: No. 1515 SYCAMORE St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White.	Married.

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of Minnie Schmidt

6. DATE OF BIRTH (month, day, year) Sept 24 1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	42	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M. A. Long Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Minnie Schmidt

(Address) 1515 Sycamore st

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Cem Date 6/11th, 1935

19. UNDERTAKER Robert Brooks & Son

(Address) Calhoun & Baltimore sts

20. FILED 6/11/1935 Huntington Pierce Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-5, 1935, to 6-9, 1935

I last saw h.. alive on 6-9 1935 Death is said to have occurred on the date stated above, at 12½ Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
SUBARACHNOID HEMORRHAGE	6-4
ESSENTIAL HYPERTENSION	
SYPHILIS	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Arthur J. Swirnoski M. D.

(Address) University Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 1268-9

F 13454

HEALTH DEPARTMENT—CITY OF BALTIMORE

13454

CERTIFICATE OF DEATH

1. PLACE OF DEATH Maryland General Hospital 93-C Registered No.

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret B. Bennett

(a) Residence: No. 1226 N. Patonas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Dec 16 1866

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	69	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Henry Bennett

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary A. Bauer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Thomas Bennett

(Address) 1226 N Patonas St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 13 1935

19. UNDERTAKER Martin H. Lippel

(Address) 37 Penn St.

FILED JUN 11 1935, 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Decompensation	unknown

Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No, If so, specify .....

(Signed) C. Hann, M. D.
Coroner

(Address) 1215 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attended case. OCCUPATION is very important. See instructions on back of certificate.

F 13455

13455

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 2-1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Coski (Jankowska)

If U. S. Veteran specify WAR

(a) Residence: No. 2020 Eastern ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 28, 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	25	4 3	18/12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME James Coski

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Jersey

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date June 14 1935

19. UNDERTAKER A. M. S. Jalkowski

(Address) 2007 Eastern ave

No 11 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1935 to June 10, 1935

I last saw her alive on June 10, 1935 Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1934
Other contributory causes of importance:	/

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Meyer W. Jacobson, M. D.

(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 13456

13456

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3611 Northern Parkway, 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary A. [illegible] Sheppard

(a) Residence: No. 3611 Northern Parkway, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced (HUSBAND of (or) WIFE of) George [illegible] Sheppard

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Edward [illegible]

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT George C. Sheppard
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place [illegible] Date June 12 1935

19. UNDERTAKER [illegible]
(Address) 1827 N. Howard St.

20. FILED JUN 11 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1935 to June 9th, 1935

I last saw h— alive on June 5th, 1935 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 9 1935
	June 9 1935

Other contributory causes of importance:

Arteri Sclerosis	1933

Name of operation ... Date of ...

What test confirmed diagnosis? Sy Was there an autopsy? N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Chas. A. Heuser M. D.

(Address) 14 W. Orchard ave

Information should be carefully supplied. All items must be stated. Illegible, incomplete, or unsatisfactory returns will be returned for correction. Exact statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

F 13457

13457

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Hubbard

If U. S. Veteran specify WAR

(a) Residence: No. none St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/20/1874 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 70.	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Martin

14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER

15. MAIDEN NAME Mary Wright.

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION OR REMOVAL
Place Baltimore Date 6/12 1935

19. UNDERTAKER Wm Cook & Son
(Address) 1200 Cont Ave

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/12 1934 to 6/10 1935.

I last saw him alive on 6/10 1935 Death is said to have occurred on the date stated above, at 7 10/a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (?)	2 days

Other contributory causes of importance:

Chronic alcoholism.
Hypertension.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

13458 F 13458

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2907 Talbot St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William R. Tanner

If U. S. Veteran specify WAR

(a) Residence: No. 2907 Talbot St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie M. Tanner

6. DATE OF BIRTH (month, day, year) July 3, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	11	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Tanner

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME (Unknown) Nightingale

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Jennie M. Tanner

(Address) 2907 Talbot St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date 6/13, 1935

19. UNDERTAKER Wm. Cook & Son

(Address) 1190 E. Fayette St.

20. FILED Huntington Williams, Registrar

JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to June 10 1935

that I last saw him alive on June 10, 1935. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic valvular heart dis.	
Lobar pneumonia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, when

(Signed) Ernest R. Rahn M. D.

(Address) 3005 W. North Ave

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 13459 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13459

CERTIFICATE OF DEATH 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. James Maginnis Marie E.

(a) Residence: No. 700 E. 21st St, City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mr. James Maginnis

6. DATE OF BIRTH (month, day, year) Oct 8, 1863

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Mary Bright

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Alice Maginnis

(Address) 700 E. 21st

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 12th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul st

20. FILED N 11 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-2, 1935, to 6-10, 1935

I last saw her alive on 6-10, 1935. Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset (approx.)
Carcinoma of Sigmoid (Intestine)	
Intestinal obstruction, post-operative	unknown

Other contributory causes of importance:

Name of operation Mickulitz (1st stage) Date of 6-7-35

What test confirmed diagnosis? operation Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. Allison, M. D.

(Address) Union Memorial Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13460

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bells City Hospitals St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Edward A Thompson

(a) Residence: No. 4820 Curtis Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

6. DATE OF BIRTH (month, day, year) not known

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	64			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Florsheim Shoe Co Curtis Bay

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) unknown Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mrs. Margaret Flood

(Address) Annapolis Blvd & Curtis Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Date 6/17 1935

19. UNDERTAKER John J Tarkey & Sons

(Address) 1310 Light St

20. FILED ... Registrar.

JUN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 11.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Unknown

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. M. Wright M. D.

(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

Vs 6

M. D. B 1268-9

F 13461

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13461

+210-M

CERTIFICATE OF DEATH

1. PLACE OF DEATH South Baltimore Hospital

CITY OF BALTIMORE: (No. ..... St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 1 da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Miss Mary Elizabeth White

(a) Residence: No. 106 E Main St Ward. Westminster Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 3/17-1918

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	17	2	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓ 0000

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

FATHER

13. NAME William White

14. BIRTHPLACE (city or town) (State or country) Howard Co Md

MOTHER

15. MAIDEN NAME Lydia P. Bigham

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT C. M. Walsh

(Address) Winfield Md

18. BURIAL, CREMATION, OR REMOVAL Westminster Cemetery June 4 '35

19. UNDERTAKER C. M. Walsh

(Address) Winfield Md

20. FILED JUN 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on June 6/11 19 35 Death is said to have occurred on the date stated above, at 3.40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 6/11 19 35

Where did injury occur? Near Randallstown (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Collision

Nature of injury over

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

Signature Hubert Gruber Asst Coroner M. D.

Coroner

(Address) 5416 Park Hts Ave

M. D. B 1268-9

F 13462

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13462

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Beck

(a) Residence: No. 4716 Roanoke av St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 65 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: — 0470

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: —

14. BIRTHPLACE (city or town) (State or country): —

MOTHER

15. MAIDEN NAME: —

16. BIRTHPLACE (city or town) (State or country): —

17. INFORMANT: —
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 12 1935

19. UNDERTAKER
(Address)

20. FILED ..... 19 .....
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 31 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on Inquery 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac Insufficiency	—

Other contributory causes of importance: Arterio Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. H. Dickenson M. D.
Coroner

(Address) Boz med

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 56

F 13463

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13463

108

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 25 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5y yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Caleb Foster

(a) Residence: No. 4110 Curtis ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Foster

6. DATE OF BIRTH (month, day, year) March 29, 1869

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
66	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Thomas Foster

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Sarah Stallings

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Wood's Home Cem. Cremation Date June 12 1935

19. UNDERTAKER John F. Dennis
(Address) 715 Light St

20. FILED JUN 12 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 9 1935 to June 10 1935

I last saw him alive on June 10 1935. Death is said to have occurred on the date stated above, at 6:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	June 6 1935

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Meyer W Jacobson M. D.
(Address) Baltimore City Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 13-3-9 F 13464 F 13464

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1617 St. Stephen St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Gertrude F. Strohminger

(a) Residence: No. 1617 St. Stephen St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Frank J. Strohminger

6. DATE OF BIRTH (month, day, year): Aug. 11, 1877

7. AGE: Years 57 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Prince Georges Co. Md.

FATHER

13. NAME: Henry Sears.

14. BIRTHPLACE (city or town) (State or country): England

MOTHER

15. MAIDEN NAME: Sarah Ward.

16. BIRTHPLACE (city or town) (State or country): England

17. INFORMANT: Mr. Carl F. Strohminger

(Address) 1617 St Stephen St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cem. Date: June 13 1935

19. UNDERTAKER: W. Wickes Ross

(Address) Ross & Graves

20. FILED: June 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 10. 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1934 to June 10 1935

I last saw h[illegible] alive on June 10 1935. Death is said to have occurred on the date stated above, at 6.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Heart Disease	
Acute Indigestion	

Other contributory causes of importance: dilatation

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Samuel A Harlan M. D.

(Address) 3248 Edgewood Balto Md.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNT 2 1935

M. D. B. 1268-36 F 13465

F 13465

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5406 Marello Road St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry W Brenner

(a) Residence: No. 5406 Marello Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Maud V. Brenner

6. DATE OF BIRTH (month, day, year) July 11, 1883

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Manager 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

FATHER

13. NAME Frederick Brenner

14. BIRTHPLACE (city or town) Baltimore Md
(State or country)

MOTHER

15. MAIDEN NAME Ann Hollinger

16. BIRTHPLACE (city or town) Baltimore Md
(State or country)

17. INFORMANT Maud V. Brenner
(Address) 5406 Marello Rd

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Co Date 6/12 1935

19. UNDERTAKER Leonard Hagerty
(Address) 1111 Monroe St

20. FILED JUN 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1935 to 6-9-35 1935

I last saw him alive on 6/9/35 Death is said to have occurred on the date stated above, at 10:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Hyde W Golley M. D.

(Address) 5703 Harford Rd.

Information should be carefully supplied. Any omission or error may delay burial certificate. Be sure to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13466

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Forest Park ave 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irving E. Cohen

If U. S. Veteran specify WAR

(a) Residence: No. 3609 Forest Park St., ave Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Cohen

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate, Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Brooklyn N. Y.

FATHER

13. NAME Joseph Cohen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Goldstein

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Esther Cohen - Wife

(Address) 3609 Forest Park ave

18. BURIAL, CREMATION, OR REMOVAL Balto Hebrew Cemetery 6/12/35 19

19. UNDERTAKER Jack Levin Inc

(Address) 1439 E. Baltimore st

JUN 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1934 to June 11, 1935

I last saw him alive on June 11, 1935. Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Heart disease	1930
Influenza	
Streptococcus Viridans	
Septicemia	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Hamburger M. D.

(Address) 3000 Eutaw Place

DR. MORRISON, 1013 N. Charles St 10-20 to 1 P.M.

F 13467

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1807 N. Payson St., 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Sarah Michelson

If U. S. Veteran specify WAR .....

(a) Residence: No. 1807 N. Payson St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Israel Michelson

6. DATE OF BIRTH (month, day, year) Dec. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56 ~~55~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Housework~~ 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME William Paymer

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bluma —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harry Michelson (Son) (Address) 3234 Druid Park Drive

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Hebrew Lin Date 6-12- 1935

19. UNDERTAKER Jack Levin Inc (Address) 1709 E. Balto. St.

20. FILED JUN 12 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11- 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/28 1935 to 6/11 1935

I last saw her alive on 6/10/35 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of colon with metastases to liver	2 yrs

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel Morrison, M. D.

(Address) 1013 N. Charles St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13468 F 13468

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 47-3

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 22 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Queen
If U. S. Veteran specify WAR
(a) Residence: No. 548 Lee st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosetta Queen

6. DATE OF BIRTH (month, day, year) June 12, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
54 55	55	11	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this ocrupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER
13. NAME John Queen
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Sarah Brodon
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
St Peters Cem June 16 1935

19. UNDERTAKER Bernard A Brumley
(Address) 818 Dru Fielden

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 17, 1935 to June 10, 1935
I last saw him alive on June 10, 1935. Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lung	Summer 1934
Other contributory causes of importance:	

Was an operation performed? ... Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suiride, or homicide? ... Date of injury ... 19...
Where did injury occur? ...
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, sperify ...

(Signed) Meyer W. Jacobson, M. D.
(Address) Balto City Hospitals

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 13469

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13469

466

CERTIFICATE OF DEATH

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 N Fremont Av ST., 16 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Lottie Hill

(a) RESIDENCE NO. 602 N Fremont Av ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	C	Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Gus T. Hill

6 DATE OF BIRTH (month, day, and year) Oct 4, 1872

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	4	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Md.

PARENTS

10 NAME OF FATHER George Washington

11 BIRTHPLACE OF FATHER (city or town) (State or country) N C.

12 MAIDEN NAME OF MOTHER Fannie McCrary

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N C

14 Informant Mattie Davis

(Address) 602 N Fremont Av

15 Filed ..... 19 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 8/35

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 8, 1935, that I last saw h alive on June 7, 1935 and that death occurred, on the date stated above, at 12.30 P. m.

The CAUSE OF DEATH* was as follows:

Peritoneal Carcinomata

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) H. S. McCard, M. D.

6/10, 1935 (Address) 2029 Druid Hill Av

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Laurel Cemetery

DATE OF BURIAL June 2 19 3

ADDRESS 3 22

UNDERTAKER Mr Luther R. Williams Edmond

JUN 12 1935

OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. B. 1268-9

✓ F 13470

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13470 X 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred ..yrs. mos. 14 ds. How long in U. S. If of foreign birth? ..yrs. mos. ds.

2. FULL NAME George H. Kitson

(a) Residence: No. Weston W. Va St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mrs. Opie Kitson

6. DATE OF BIRTH (month, day, year) Oct. 29, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	63	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) W. Va

FATHER

13. NAME William Kitson

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Hodges

16. BIRTHPLACE (city or town) (State or country) England.

17. INFORMANT Mrs Opie Kitson
(Address) Weston W. Va.

18. BURIAL, CREMATION, OR REMOVAL
Place Weston W. Va. Date 6/15, 1935

19. UNDERTAKER J. S. Higinbotham
(Address) Elkins W. Va.

20. FILED JUN 17 1935, 19 Hunter Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/28, 1935 to June 12, 1935

I last saw him alive on June 12, 1935 Death is said to have occurred on the date stated above, at 7:15 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Disease	about
Cerebral Nephritis	
Bronchial Asthma.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

M. D. R. 1265-9

Kruse ✓ F 13471

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13471

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3215 Monument St., 26 Ward)

Length of residence in city or town where death occurred 51 yrs. 11 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick W. Kruse

(a) Residence: No. 3215 Monument St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Bauhaus

6. DATE OF BIRTH (month, day, year) June 17, 1883.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	11	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beer Bottler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Kruse

(Address) 3215 Monument

18. BURIAL, CREMATION, OR REMOVAL

Place Emmanuel Lutheran Date 6/13/35

19. UNDERTAKER E A Brauning

(Address) 1136 Patapsco

JUN 12 1935

20. FILED , 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to June 10, 1935

I last saw h[illegible] alive on June 10, 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
myocarditis, Acute	-
Dilatation of heart,	✓
	✓
Other contributory causes of importance:	
Colon, Intestinal	✓
nephritis	

Name of operation none Date of ✓

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury , 19

Where did injury occur? ✓
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John A Foland M. D.

(Address) 1219 Baltimore

M. D. R. 1268-9

F 13472

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13472

CERTIFICATE OF DEATH

186a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hospital 9 Ward),

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Francis Shipley

(a) Residence: No. 3502 Old York Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, (Married) Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced HUSBAND of Nettie B Shipley

6. DATE OF BIRTH (month, day, year) June 28, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Delivered coal rice Co

10. Date deceased last worked at this occupation (month and year) June 10, 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore County Maryland

FATHER

13. NAME Benjamin R. Shipley

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Martha A. Logsdon

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cemetery Long Green Md. Date June 13, 1935

19. UNDERTAKER Edwin W. Conklin
(Address) 524 E. Eager St Huntington Williams, M.D.

20. FILED JUN 12 1935, 19
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to June 10, 1935

I last saw him alive on June 10, 1935 Death is said to have occurred on the date stated above, at 8.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6-10-35
Investigated no information obtainable	5-10-35
Other contributory causes of importance: Arteriosclerosis	?
Hypertension	?

Name of operation None Date of

What test confirmed diagnosis? X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Charles H. Conley, Jr. M. D.

(Address) Union Memorial Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 12 1935

M. D. F. 68-9 F 13473 ✓ F 13473

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2030 Hollins St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Irene M. Pyle

(a) Residence: No. 2030 Hollins St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Martin V. Pyle.

6. DATE OF BIRTH (month, day, year): Sept 15. 1904

7. AGE: Years 30 | Months 8 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

FATHER

13. NAME: John R. Hoffman

14. BIRTHPLACE (city or town) (State or country): Balto., Md.

MOTHER

15. MAIDEN NAME: Margaret Cunningham

16. BIRTHPLACE (city or town) (State or country): Balto., Md

17. INFORMANT: Martin Pyle

(Address) 2030 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Cem. Date: June 14 '35

19. UNDERTAKER: Margaret E. Flynn.

(Address) 2102 W. Fulton St.

20. FILED: Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/11/34, 19.., to 6/11/35, 19..

I last saw her alive on 6/11, 1935. Death is said to have occurred on the date stated above, at 2.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis	?
Hypertension	?
Uremia	6/7/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Joseph S. Bl... M. D.

(Address) 1206 E. Pratt St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 12 1935

M. D. 13474 ✓ STILL BIRTH 13474

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 160B 25879

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hospital St., 25 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 4 yrs. 6 mos. ... ds.

2. FULL NAME Baby Watts

(a) Residence: No 2007 Brentwood Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. or 0 min.
	✓	✓	✓	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Infant Blood

10. Date deceased last worked at this occupation (month and year): Infant

11. Total time (years) spent in this occupation: Infant

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Herbert J Watts

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER

15. MAIDEN NAME: Adele Watts

16. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

17. INFORMANT: Adele Watts

(Address) 2007 Brentwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/12 19...

19. UNDERTAKER: Edward Taylor Sons

(Address) Wash. Blvd. & Washington Pl. Balto, Md.

20. FILED JUN 12 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11 6:00 P.M. 1935 to 10:00 P.M. 1935

I last saw him alive on 10:00 P.M. 1935 Death is said to have occurred on the date stated above, at 10:01 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Prematurity	
(2) Cerebral Hemorrhage	
	June 11

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

...If so, specify ...

(Signed) Beverley Le Compte M. D.

(Address) Woman's Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 13475 ✓ F 13475

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ... St., 11 Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elias Watson

(a) Residence: No. 1221 McCulloh St., Ward. Jaxtra 9 6 X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M a l e	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1915

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	May	1	8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NO part

10. Date deceased last worked at this occupation (month and year) NO

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Farboro N.C.

FATHER

13. NAME Elias watson Jr.

14. BIRTHPLACE (city or town) (State or country) Farboro N.C.

MOTHER

15. MAIDEN NAME Salie watson

16. BIRTHPLACE (city or town) (State or country) Farboro N.C.

17. INFORMANT (Address) Mrs. Mary White 1221 mcculloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date 6-12 35

19. UNDERTAKER (Address) Rosalind Hall 1 [illegible]

20. FILED JUN 12 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/35

22. I HEREBY CERTIFY, That I attended deceased from 5/16/35 to 6/9/35

I last saw him alive on 6/9/35 Death is said to have occurred on the date stated above, at 4-30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous pneumonia 1st	
Pulmonary tuberculosis	
Bilateral	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13476

M. D. P. 1288-a F 13476

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 5700 Fair Oaks Ave. 27 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sophia F. Carstens
(a) Residence No. 5700 Fair Oaks Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
(or) WIFE of Frederick C Carstens

6. DATE OF BIRTH (month, day, year) June 26 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	11	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER FATHER
13. NAME Not Known
14. BIRTHPLACE (city or town) (State or country) Germany.
15. MAIDEN NAME Not Known
16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Mrs. J. Henry Carstens
(Address) 5700 Fair Oaks Ave

18. BURIAL, CREMATION, OR REMOVAL June 14th 1935
St Pauls Druid Hill Pk

19. UNDERTAKER Mrs Chas A & G Rohde
(Address) 2327 Edmondson Ave

JUN 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 11 1935
That I last saw her alive on 6/11 1935 Death is said to have occurred on the date stated above, at 3:10 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adeno-Carcinoma of Cervix.	

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis Clinical Was there an autopsy No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Tyler Bailey M. D.
(Address) 5103 Harford Rd

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13477

M. D. F 1268-9 F 13477

HEALTH DEPARTMENT—CITY OF BALTIMORE

298933 CERTIFICATE OF DEATH X ✓ 131

Registered No. 73.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Edward Flaig

(a) Residence: No. Glenmore Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) 5/23/89

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46		5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter 0015

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

MOTHER FATHER

13. NAME Edward Flaig

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Stella Hanson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 31. 1935

19. UNDERTAKER Ellis S. White

(Address) 2554 Madison Ave

20. FILED 5/30 1935 [illegible] Registrar.

Huntington Hospital Huntington, N.Y.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May-28 1935

22. I HEREBY CERTIFY, That I attended deceased from May-5- 1935, to May-28 1935

I last saw him alive on May. 28 1935 Death is said to have occurred on the date stated above, at 10 16 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Vascular Nephritis	
Uremia	1932

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. Carmichael Leiginan M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13478

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13478

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Univ. Hosp St., H Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mabel Hawkins

(a) Residence: No. 308 Diamond St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a. If married, widowed, or divorced (or) WIFE of George Hawkins

6. DATE OF BIRTH (month, day, year) 11-20-1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47	6	18.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Launderess

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Richard Henson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Lucretia Stanley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Geo. Hawkins (Hus) (Address) 308 Diamond St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Auburn Date 6/13/35

19. UNDERTAKER Chas. H. Cooper & Bro (Address) 514 N. Eutaw St.

20. FILED JUN 12 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7 . 1935 to June 8 . 1935

I last saw her alive on June 8 . 1935 Death is said to have occurred on the date stated above, at 10:20 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of ovaries	?
Other contributory causes of importance: Carcinoma of lungs	?
" " liver	
" " bladder	

Name of operation Laparotomy Date of 6-7-35

What test confirmed diagnosis? path. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. K. Adams M. D.

(Address) Univ. Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1288-9

F 13479

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13479

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital 12-a

Registered No.

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Frank Austin

(a) Residence: No. ..... St., ... Ward.

(Usual place of abode) (If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ? (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Chesterton South Carolina

FATHER

13. NAME Lewis Austin

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Addison ?

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT (Address) Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 12 1935

19. UNDERTAKER ... (Address) ...

20. FILED ..... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1935 to June 9 1935

I last saw him alive on June 9 1935 Death is said to have occurred on the date stated above, at ... P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Leukemia, Lymphatic ? Chronic	?
Pneumonia	4/7/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Samuel A. Levy M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

14 8 U.S. 1456

M. D. P. 1268-9

E 13480

13480 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 159

1. PLACE OF DEATH Baltimore City Hospital Registered No.

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Wallace

(a) Residence: No. 2116 Druid Hill Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5/27/'35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Wallace

14. BIRTHPLACE (city or town) (State or country) Green Co. Virginia

MOTHER

15. MAIDEN NAME Virginia Mitchell

16. BIRTHPLACE (city or town) (State or country) Washington D. C.

17. INFORMANT Virginia Wallace (Mother)

(Address) 2116 Druid Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 12, 1935

19. UNDERTAKER

(Address)

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/9/'35. 19

22. I HEREBY CERTIFY, That I attended deceased from May 27. 1935. to June 9. 1935

I last saw him alive on June 9 1935. Death is said to have occurred on the date stated above, at 6 50 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Inanition due To prematurity	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify —

(Signed) Morris Bear M. D.

(Address) Balto City Hospitals

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 17 1935

159

M. D. F. 1268-9

F 13481

13481

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 114-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 947 N. Washington Ave St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Harry C. Whitaker (Veteran World War)

(a) Residence: No. 947 N. Washington Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 19 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. M & E. R.R. Co

10. Date deceased last worked at this occupation (month, day, year) April 14 1935

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Howard Whitaker

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Alice Hanson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mathilda Mank

(Address) 947 N. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Comm Date 6/13/35

19. UNDERTAKER Philip Henry Sons

(Address) 2016 Eutaw St

20. FILED JUN 12 1935 19 Huntington Hillegas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 10 1935 19

22. I HEREBY CERTIFY, That I attended deceased from April 26 19 35 to JUN 10 1935 19

I last saw him alive on JUN 10 1935 19 Death is said to have occurred on the date stated above, at 1 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Abscess (a)	April 1935
Other contributory causes of importance:	
Pulmonary Hemorrhage	1 Day

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Edward E. Woolf M. D.

(Address) 4132 Washington

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

13482 F 13482

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Volunteer Hospital St., [illegible] Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Norman Baragman

(a) Residence: No. 2603 Hampden St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

35. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6 - 11 - 35

7. AGE	Years	Months	Days	If LESS than 1 day 24 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frederick Baragman

14. BIRTHPLACE (city or town) (State or country) Nebraska

MOTHER

15. MAIDEN NAME Ruth Faw

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth Baragman

(Address) 2603 Hampden

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 12 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

20. FILED 6-12-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 6 - 11 - 1935 to 6 - 12 - 1935

I last saw her alive on 6 - 11 - 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cremation Burn	
6 mos	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

.....If so, specify .....

(Signed) A. J. Carey M. D.

(Address) Vol Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C-46

1460

M. D. B. 1268-9

F 13483

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13483

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2213 E. Chase St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ? mos. ? ds. How long in U. S. If of foreign birth? 45 yrs. ? mos. ? ds.

2. FULL NAME Michael Wodoschek

(a) Residence: No. 2213 E. Chase St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Antonette W. Wodoschek

6. DATE OF BIRTH (month, day, year): January 1 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	90	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 25 years

11. Total time (years) spent in this occupation: 60 years

12. BIRTHPLACE (city or town) (State or country): Hogo Slavia

FATHER

13. NAME: Not Known

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (city or town) (State or country): Not Known

17. INFORMANT: Mrs. J. Bova

(Address) 2213 E. Chase Street

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cem. Date June 13/35 19....

19. UNDERTAKER: Stewart & Morgan Company

(Address) 109 W. North Avenue

20. FILED ..... 19.... Huntington Williams, Registrar.

JUN 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 11, 1935.

22. I HEREBY CERTIFY, That I attended deceased from January 3, 1935 to June 11, 1935

I last saw him alive on June 9, 1935 Death is said to have occurred on the date stated above, at 6 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1925
Chronic Myocarditis	"

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Edward G. Singewald M. D.

(Address) 1613 Eutaw Pl.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-b

Kroll F 13484

13484

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH West Baltimore General Hospital 94-B

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred 71 yrs. 3 mos. 18 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles H. Kroll

(a) Residence: No. 433 N. Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie E. Kroll

6. DATE OF BIRTH (month, day, year) Feb 23 1864

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
71	3	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) June 10 1935

11. Total time (years) spent in this occupation 7 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Joseph E. Kroll

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Weigand

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Nellie E. Kroll
(Address) 433 N. Pulaski St

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 13 1935

19. UNDERTAKER Fowler & Sons
(Address) 2824 Edmondson Ave

20. FILED JUN 12 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 10 30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Coronary Sclerosis	4 1925

Other contributory causes of importance:

Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hann Coroner, M. D.

(Address) 1215 Hanover

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

13485 E 13485

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 344 S. Calhoun St., 14 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Snowden Hall

(a) Residence: No. 344 S. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) October 18, 1890

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	7	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) May 1935

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Emanuel C. Hall

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ella C. Jennings

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Ella C. Hall
(Address) 344 S. Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cem. Date June 13, 1935

19. UNDERTAKER Joseph Hook
(Address) 1003 W. Baltimore St.

20. FILED JUN 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on Inquirey, 19... Death is said to have occurred on the date stated above, at 3 A. ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fracture of base of scull and with subsequent sub-dural hemorrhage, — June first 1935

External violence.

Cause still under investigation.

Other contributory causes of importance:

Came home about 5, A.M. and remained in a dased state until death came, 3A.M. June 11th-35

Cause undertemined

Name of operation ... Date of ...

What test confirmed diagnosis? Fracture of scull Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Probably Homicide Date of injury 6/11/1935

Where did injury occur? Not at 344 South Calhoon St.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home,

Manner of injury Apparent blow on back of

Nature of injury Fracture & Hemorrhead

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify [illegible]

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13486

13486

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1828 E 28 St., 1 Ward)

Length of residence in city or town where death occurred 51 yrs. 10 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E Roberts

(a) Residence: No. 1828 E 28 St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced
BUSBAND of (or) WIFE of William F Roberts

6. DATE OF BIRTH (month, day, year) July 17 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Chas W. Stemmy

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Madelina Schroder

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Roberts husband
(Address) 1828 E 28

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 14. 1935

19. UNDERTAKER A Howard Evans
(Address) 35 E Fat Ave

20. FILED JUN 12 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935 to June 11, 1935

I last saw h alive on June 1, 1935 Death is said to have occurred on the date stated above, at 1130 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	1 yr.
Nausea	2 d.
Broncho Pneumonia	2 d.
Hypertension	1 yr.

Other contributory causes of importance:

Chr Interstitial Nephritis	1 yr.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos F a Stevens M. D.

(Address) 2818 Stratford Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13487

13487 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Sta 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S Veteran specify WAR

2. FULL NAME Harry C. Johnson.

(a) Residence: No. 602 Arlington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie. 1863

6. DATE OF BIRTH (month, day, year) 12/22/~~1855~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 ~~87~~	5	18 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME James Johnson.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary Sultzer.

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date May 14th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 12 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1935 to 6/11 1935

I last saw him alive on 6/11 1935 Death is said to have occurred on the date stated above, at 2.16 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo.

Other contributory causes of importance:

Senility

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13488

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13488

93-C

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 602 McCabe Ave St., 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sidney W. Brooks

If U. S. Veteran specify WAR

(a) Residence: No. 602 McCabe Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of ~~(or WIFE of)~~ Ida M. Brooks

6. DATE OF BIRTH (month, day, year) July 24th 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe 0088

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

FATHER

13. NAME Carroll Brook

14. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va.

MOTHER

15. MAIDEN NAME Susan ?

16. BIRTHPLACE (city or town) (State or country) Harpers Ferry W. Va

17. INFORMANT (Address) Arthur R. Brooks 602 Mc Cabe Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date June 14th 1935

19. UNDERTAKER (Address) Wm Cook Williams 1217 E. Pratt St Huntington Williams, Inc

JUN 13 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 1935 to June 11 1935

I last saw him alive on June 11 1935. Death is said to have occurred on the date stated above, at 12:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	May 16
Other contributory causes of importance: Pneumonia (Hypostatic),	June 4

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Earl F. Benson M. D.

(Address) 5111 York Rd

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13489 (13489)

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1176

1. PLACE OF DEATH Maryland Gen Hosp — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 22 ..... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs. Eva Bayer — If U. S. Veteran specify WAR .....

(a) Residence: No. 6602 Park Ave (St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Julius Bayer

6. DATE OF BIRTH (month, day, year) March 29 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Franz Muecher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Deluty

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Julius Bayer
(Address) 6602 Park Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 14 1935

19. UNDERTAKER Wm Cook
(Address) 1217 N. Pine St

20. FILED JUN 15 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) May 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-1 1935 to 6/11 1935

I last saw h[illegible] alive on 6/11 1935 Death is said to have occurred on the date stated above, at 6.35 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cystitis	
Chronic Nephritis	

Other contributory causes of importance: Intestinal Hemorrhage

Was an operation performed? yes Date of 5/4/35

For what disease or injury? Chronic cystectomy

Name of operation Chronic cystectomy Date of 5/4/35

What test confirmed diagnosis? Surg Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) E C Peeler M. D.

(Address) Md Gen Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13490

HEALTH DEPARTMENT—CITY OF BALTIMORE

13490

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3712 Chatham Road St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. 11 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank S. Gilbert

(a) Residence: No. 3712 Chatham Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Marjorie W. Gilbert

6. DATE OF BIRTH (month, day, year) Oct 24, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saving Ass'n Equitable Bldg.&

10. Date deceased last worked at this occupation (month and year) June 10, 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Frederick, Md.

FATHER

13. NAME Charles W. Gilbert

14. BIRTHPLACE (city or town) (State or country) Woodsboro, Md.

MOTHER

15. MAIDEN NAME Louise E. Cramer

16. BIRTHPLACE (city or town) (State or country) Woodsboro Md

17. INFORMANT Marjorie W. Gilbert

(Address) 3712 Chatham Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date 6/13/35 19

19. UNDERTAKER William Loth & Co

(Address) 1217 E Fayette St

20. FILED JUN 12 1935 Washington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10:30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Coronary Thrombosis	
b Angina Pectaris	1930

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) O Mayer Coroner, M. D.

(Address) 1210 Bank St

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

R 13491

E 13491

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mabel Moore

If U. S. Veteran specify WAR .....

(a) Residence: No. None St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Moore

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68 Cl			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month, year) 1924

11. Total time (years) spent in this occupation X 1025

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER

13. NAME John W. Gaylord

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Sarah J. Holloway

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Resides Beh
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 13 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

20. FILED JUN 12 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1935 to 6/12, 1935

I last saw her alive on 6/12, 1935 Death is said to have occurred on the date stated above, at 12 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Wk. ?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13492 ✓ F 13492

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34D-92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 10 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter Lee

If U. S. Veteran specify WAR

(a) Residence: No. 832 Coke alley. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 7/17/1881

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53.	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Georgia.

FATHER

13. NAME Tom Lee

14. BIRTHPLACE (city or town) (State or country) Georgia.

MOTHER

15. MAIDEN NAME Alice Hunter.

16. BIRTHPLACE (city or town) (State or country) Georgia.

17. INFORMANT Records Bldg

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 6/8 1935

19. UNDERTAKER J. J. Fahey & Son

(Address) 1318 Eutaw St

20. FILED JUN 13 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1935 to 6/4, 1935

I last saw him alive on 6/4, 1935 Death is said to have occurred on the date stated above, at 12 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	Dec 34
Hypertension	

Other contributory causes of importance: over

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Robert A Dexter M. D.

(Address) Balto City Hosp

NOTE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13493 Haver ✓ F 13493

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 23-1 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Dritchie Haver.

If U. S. Veteran specify WAR .....

(a) Residence: No. 114 W. Pont Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Susan E.

6. DATE OF BIRTH (month, day, year) abt 6/15/1860.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt 74	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Md.

FATHER

13. NAME Dritchie Haver.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daughter.

(Address) Above.

18. BURIAL, CREMATION, OR REMOVAL automobile

Place Frederick Md Date 6/13 '35

19. UNDERTAKER Wm F. Baglee

(Address) 1536 Pulton Ave

FILED JUN 13 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1935 to 6/11, 1935

I last saw h alive on 6/11 1935 Death is said to have occurred on the date stated above, at 10:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1668-9 F 13494 ✓ F 13494

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospl (Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Johnson

(a) Residence: No. 1505 W Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-5-1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) (?) Maryland

FATHER

13. NAME Randolph Johnson

14. BIRTHPLACE (city or town) (State or country) (?) Maryland

MOTHER

15. MAIDEN NAME Rose Brightler

16. BIRTHPLACE (city or town) (State or country) (?) Md

17. INFORMANT Balto City Hospl
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/14 1935

19. UNDERTAKER Bernard P. Hensley
(Address) 818 Druid Hill Ave

20. FILED ..... Registrar.

JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-23 1935 to 6-11 1935

I last saw him alive on 6-11 1935 Death is said to have occurred on the date stated above, at 935 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Carcinoma of Ascending Colon	3 mos
Other contributory causes of importance: Surgical Shock	7 days
Generalized Peritonitis	"

Name of operation Appendectostomy Date of 6-5 35

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Samuel Th Gordy M. D.

(Address) Balto City Hosp

M. D. B 12[illegible]

F 13495

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13495

CERTIFICATE OF DEATH

117-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward H. Fisher

(a) Residence: No. 647 S. Paca St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Noomi Barnett Fisher

6. DATE OF BIRTH (month, day, year) June 27 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 1915 Wagon Body Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wagon Body Builder

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Fredrick F. Fisher

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Katherine Marion

16. BIRTHPLACE (city or town) (State or country) Hanover Pennsylvania

17. INFORMANT Chas. F. Fisher (mother)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Date 6/13/ 1935

19. UNDERTAKER John J. Logan

(Address) 3000 E. Baltimore St.

20. FILED JUN 13 1935 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septic peritonitis	24 hrs
Other contributory causes of importance: ruptured duodenal ulcer	2 wks

Name of operation Ball Wedden Date of 1934

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) H. W. Wright M. D. Coroner

(Address) 1010 S. Eldwood St.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13496 ✓ F 13496

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2445 Lakeview Ave St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah Keyser

If U. S. Veteran specify WAR .....

(a) Residence: No. 2445 Lakeview Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jany. 9, 1848

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
87	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Moses Keyser

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Bettye Preiss

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ephraim Keyser

(Address) Tudor Arms Apts.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk. Crem. Date June 14, 1935

19. UNDERTAKER Ward Sondheim & Son

(Address) 1008 Eutaw Place

20. FILED JUN 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to June 11th, 1935

I last saw her alive on June 11th, 1935. Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-sclerosis	5 years
Chronic nephritis	5 years

Other contributory causes of importance:

Uremia	1 mos

Was an operation performed? No Date of /

For what disease or injury? /

Name of operation / Date of /

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Frederick Leitz, M. D.

6-12-35 (Address) Temple Garden Apts.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-H F 13497

F 13497

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 46-f

1. PLACE OF DEATH Mercy Hospital

Registered No. 4

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Hensch

(a) Residence: No. Owings Mills, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6/15/1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78 79	11	28 27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer (retired) WORK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Augusta

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Aigbert ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pleasant Hill Date June 15 1935

19. UNDERTAKER Wm Berry Sons & Lyon

(Address) Reisterstown Md.

20. FILED ..... 19... [illegible]

Registrar

JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/7/35, 19... to 6/12/35, 19...

I last saw him alive on 6/12/35, 19... Death is said to have occurred on the date stated above, at 11-25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	6
Other contributory causes of importance:	
Lobular pneumonia	6/7/35

Name of operation Exploratory Date of 6/7/35

What test confirmed diagnosis Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Hefrig, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. F 13498 ✓ F 13498

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

29824 54-F

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St. 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. 5 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sterling Hill

(a) Residence: No. 207 Oakdale Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/11/03

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	32	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Samuel Hill

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Grace W. Clark

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 14 1935

19. UNDERTAKER Henry W. Rukert's Sons Co
(Address) McCulloh & Oakland Sts.

20. FILED JUN 13 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27. 1935 to June 12 1935

I last saw him alive on June 12 1935 Death is said to have occurred on the date stated above, at 2.50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Patient had dermoid cyst of ovary which was removed by operation this morning. Left operating room in good condition and died suddenly about 2½ hrs. later.	...

Other contributory causes of importance: ...

Name of operation Laparotomy Date of 6-12-35

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) James Monroe Mason III M. D.

(Address) Johns Hopkins Hospital.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

13499 ✓ F 13499

HEALTH DEPARTMENT—CITY OF BALTIMORE

35

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt. St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roosevelt Cox

(a) Residence: No. 1074 Brantly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) 4-3-1907

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
28	2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 7 1070

11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (city or town) (State or country) ? South Carolina

FATHER

13. NAME Tate Cox

14. BIRTHPLACE (city or town) (State or country) ? N.C.

MOTHER

15. MAIDEN NAME Nettie Adams

16. BIRTHPLACE (city or town) (State or country) ? N. C.

17. INFORMANT Balto City Hospt

(Address) Recorded

18. BURIAL, CREMATION, OR REMOVAL

Place Ayden N.C Date 6/14 35 19

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman St

20. FILED JUN 13 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-20 1935 to 6-11 1935

I last saw him alive on 6-11 1935 Death is said to have occurred on the date stated above, at 6 20/P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Structure of urethra	unknown (?)

Other contributory causes of importance:

Abscess of Cowpers gland	2 wks
Septicemia	1 wk
Multiple abscess of Both Lungs	1 wk

Name of Operation: Incision & Drainage abscess Cowpers gland Date of 6-6-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel A Hoyt M. D.

(Address) Balto City Hosp

F 13500

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13500

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Henry Burney

(a) Residence: No. 1028 S. Eutaw st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 22, 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
38	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Alabama

FATHER

13. NAME Sam Burney

14. BIRTHPLACE (city or town) (State or country) Alabama

MOTHER

15. MAIDEN NAME Lizzie ?

16. BIRTHPLACE (city or town) (State or country) Alabama

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date June 13th 1935

19. UNDERTAKER Elroy C. Wilson

(Address) 1000 Pennsylvania Ave

20. FILED JUN 13 1935 19.. Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 1935 to June 10 1935

I last saw him alive on June 10 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	1 mo.

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Meyer W. Jacobson M. D.

(Address) Bayview City Hospital

State CAUSE of death so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13501

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13501

CERTIFICATE OF DEATH

139-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospl Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora White

(a) Residence: No. 1412 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: black | 5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: James White

6. DATE OF BIRTH (month, day, year): 1-2-1878

7. AGE: Years 56 | Months 0 11 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md

FATHER

13. NAME: Chas. Wilson

14. BIRTHPLACE (city or town) (State or country): unknown

MOTHER

15. MAIDEN NAME: Harriet (?)

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mrs Mills. (Address) 2323 E Lanvale St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: June 15. 1935

19. UNDERTAKER: Chas. H. Chase & Son (Address) 638 N. Gilmor

20. FILED: JUN 13 1935, 19... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1935, to 6-12, 1935

I last saw her alive on 6-12, 1935 Death is said to have occurred on the date stated above, at 9 15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cystic Ovary, Left	Unknown
Other contributory causes of importance: Uremia	6-4-35

Name of operation: None Date of

What test confirmed: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel H. Gross M. D.

(Address) Balto City Hosp

Information should be carefully supplied. Arts should be stated exactly. If deceased was married, widowed or divorced state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

✓ F 13502

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13502

CERTIFICATE OF DEATH

34-B

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wilson

(a) Residence: No. 1520 Orleans St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Mary Wilson

6. DATE OF BIRTH (month, day, year) 1889

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cement Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5083

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Mary Wilson
(Address) 1520 Orleans St.

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury cemetery Date June 14 1935

19. UNDERTAKER Edw Bryan
(Address) 1st & E Oaklands

20. FILED JUN 13 1935, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurism of Arch of Aorta	

Other contributory causes of importance:

Rupture of Aneurism Hemorrhage

Name of operation... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

Sec. 5

JUN 13 1935

NEW

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-S

Trumble ✓ F 13503

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13503

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Sinai Hospital — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Eva Trumble

(a) Residence: No. Alhambra Apts St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Morris H. Trumble

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ..hrs. or ..min.
	58			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Israel Goodman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Annes

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Talmud Friendship Date 6/13/35 19

19. UNDERTAKER Jos. Levy & Sons
(Address) 1439 E. Baltimore St.

20. FILED JUN 13 1935 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/35 19

22. I HEREBY CERTIFY, That I attended deceased from 6-7-35 19 to 6-12-35 19

I last saw her alive on 6-12 19 35 Death is said to have occurred on the date stated above, at 1 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	April 1, 193
Coma	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Mark C Gamm M. D.

(Address) Sinai Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13504 F 13504

CERTIFICATE OF DEATH

51C

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1317 N. Carey St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter J. Johnson

(a) Residence: No. 1317 N. Carey St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Ash Johnson

6. DATE OF BIRTH (month, day, year) July 5 1883

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	10	16 +	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year) 2 yrs ago?

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Northumberland Co Va

FATHER

13. NAME John Van Peters

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Helen Ash Johnson

(Address) 1317 N. Carey St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Date June 13, 1935

19. UNDERTAKER V. A. Brooks

(Address) 1463 N. Carey st

20. FILED ..... 19 Huntington Williams, M.D.

JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1935 to June 11, 1935

I last saw h— alive on June 10, 1935. Death is said to have occurred on the date stated above, at 5.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate,	June 1934
Other contributory causes of importance: Renal Retention	March 1935

Name of operation Surgeries - Johns Hopkins Hospital Date of June 1935

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Wm. H. Wright M. D.

(Address) June 11 1935 1204 Mercantile Bank

V S 3

M. D. F 13505

F 13505

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William B. Gilchrist

(a) Residence: No. 1325 Bethlehem ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Dwyer Gilchrist

6. DATE OF BIRTH (month, day, year) July 5, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
46	11	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Foreman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pittsburg Pa

FATHER

13. NAME Robert Gilchrist

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Helen Adams.

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Wife Mary Dwyer Gilchrist

(Address) 1325 Bethlehem ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pres. Cathedral Date June 14 1935

19. UNDERTAKER Frank V. Pipitone

(Address) 2 E. E. Baltimore

20. FILED ... 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/20/35 1935 to 6/11/35 1935

I last saw him alive on 6/11/35 1935 Death is said to have occurred on the date stated above, at 5.45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Coronary Disease	
Myocarditis	over
~~Dystrophy~~ Dystrophy	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 1935

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Arthur C. Kalbicke M. D.

(Address) Sinai Hosp.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

B. 13506

✓ F 13506

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160 B

1. PLACE OF DEATH Church Home & Infirmary

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Girl Rayburn

(a) Residence: No. 3008 Wayne Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 8, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Vincent Alfred Rayburn

14. BIRTHPLACE (city or town) Sardis
(State or country) Mississippi

15. MAIDEN NAME Bessie O'Dean

16. BIRTHPLACE (city or town) Walthall
(State or country) Mississippi

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Retained by hospital Date June 11, 1935
Church Home & Inf.

19. UNDERTAKER .....
(Address)

20. FILED JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935 to June 11, 1935

I last saw h & z alive on June 11, 1935. Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/8/35
Other contributory causes of importance: Hemorrhagic disease of newborn	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm. C. Hulla, M. D.

(Address) 1000 Belvedere Ave

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V.S. 3

M. D. F. 1268-9

F 13507

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13507

CERTIFICATE OF DEATH

56

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ellen Fauntleroy

(a) Residence: No. 1221 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11-15-31

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
✓	3	6	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Amasa Fauntleroy

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cordelia Pitts

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem Date 6/13/35 19

19. UNDERTAKER Mrs George E Holland

(Address) 163 Druid Hill

20. FILED JUN 13 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1935 to June 11, 1935

I last saw her alive on June 11, 1935 Death is said to have occurred on the date stated above, at 2.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute rheumatic fever ??	March or
Acute rheumatic heart disease ??	April
Congestive heart failure	about May 1st

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, In home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. 9

F 13508

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13508

CERTIFICATE OF DEATH

✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo Williams

If U. S. Veteran specify WAR .....

(a) Residence: No. 1131 Calhoun St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 4/17/1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jute mare

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jute Mill

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Clarence Williams

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mae Pinder

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records not (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 6/14/35

19. UNDERTAKER Mrs. Geo. H. Holland (Address) 1631 Druid Hill Ave

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/8, 1935 to 6/12, 1935

I last saw h alive on 6/12, 1935 Death is said to have occurred on the date stated above, at 9 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	8 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reuter M. D.

(Address) Balto City Hosp.

N 12 1935

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13509

13509

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 14 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Nathan Alexander

(a) Residence: No. 652 Monroe St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Alexander

6. DATE OF BIRTH (month, day, year) March 1 1845

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	40	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hacking for self

10. Date deceased last worked at this occupation (month and year) about March 1934

11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (city or town) (State or country) Blakeley Georgia

FATHER

13. NAME Conger alexander

14. BIRTHPLACE (city or town) (State or country) Blakeley Georgia

MOTHER

15. MAIDEN NAME Lula Powell

16. BIRTHPLACE (city or town) (State or country) Blakeley Georgia

17. INFORMANT Louise Alexander

(Address) 652 Maher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Blakely Ga. Date 6/14/35 19

19. UNDERTAKER Mrs. George H. Pollard

(Address) 163 Druid Hill

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 3:25A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	March 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) W. W. Knight, M. D.

Coroner

(Address) 919 S. Edmondson Ave.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

v s e

M. D. B 1268-9

F 13510

HEALTH DEPARTMENT—CITY OF BALTIMORE

13510

CERTIFICATE OF DEATH

175

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Lancy

(a) Residence: No. 2434 Oak St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1902

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
33			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Post

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md C

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Provident Hospital

(Address) 1516 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 6/13/35 19

19. UNDERTAKER Mrs. George H. Bollard

(Address) 1651 Druid Hill Ave

20. FILED JUN 13 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1935, to 6-8, 1935

I last saw him alive on 6-8, 1935 Death is said to have occurred on the date stated above, at 11:15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	6/8/35
Fracture of Skull	
Homicide	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes, (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury 6-8, 1935

Where did injury occur? In front of 2115 Oak St Baltimore Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place

Manner of injury Struck with blunt instrument

Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) George S. Allen, M. D. Coroner

(Address) 507 Augusta St

INSTRUCTIONS—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 13 1935

M. D. B. 1268-9

F 13511

13511

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-B

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1437 E. Fayette St., 5 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lily Taylor

(a) Residence: No. 1437 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
✓	29	10	?	?

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Piedmont W. Va.
(State or country)

FATHER

13. NAME Mr. Jones.

14. BIRTHPLACE (city or town) Piedmont W. Va
(State or country)

MOTHER

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (city or town) Piedmont W. Va.
(State or country)

17. INFORMANT Ernest Quinones
(Address) 1437 E. Fayette

18. BURIAL, CREMATION, OR REMOVAL [illegible]
Place Piedmont W. Va. Date ..... 19..

19. UNDERTAKER [illegible]
(Address) 1431 Jefferson

20. FILED ..... 19..
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935, to June 12, 1935.

I last saw her alive on June 8, 1935. Death is said to have occurred on the date stated above, at 10 30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	8 Months ?

Other contributory causes of importance:

General carcinomatosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) M. J. Davidson, M. D.

(Address) 3228 Eastern Ave

M. D. B. 1268-9

13512 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 12512

CERTIFICATE OF DEATH √ + 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Hospital St., 6 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 23 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Miss Mayfield Bower

(a) Residence: No. Route 1, Woodbine Md. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 8 1915

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
19	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. paid

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll County Md

FATHER

13. NAME Thomas Bower

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

MOTHER

15. MAIDEN NAME Eva Conaway

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Thomas M. Bowers
(Address) Woodbine, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Cemtry. Date June 16 1935

19. UNDERTAKER L. M. Walter
(Address) Mt. Airy Md.

20. FILED JUN 17 1935 Forrester Williams
(Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to June 13, 1935

I last saw her alive on June 13, 1935 Death is said to have occurred on the date stated above, at 9 00 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diffuse Goitre	
Hyperthyroidism	
Rheumatic Heart Disease	
Pneumonia T. C.	

Other contributory causes of importance:

Name of operation Partial Thyroidectomy Date of 6/13/35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
... If so, specify ...

(Signed) Thos. A. Sedwick, M. D.

(Address) Church Home & Hospital

F 13513

F 13513

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-6

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1614 N. Bond St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clinton A. Kinsey

If U. S. Veteran specify WAR

(a) Residence: No. 1614 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Bertha E. Kinsey

6. DATE OF BIRTH (month, day, year): Oct. 21 - 1867

7. AGE: Years 67 Months 7 8 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cotton

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Levy Kinsey

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Francis Johnson

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. Bertha Kinsey 1614 N. Bond St.

18. BURIAL, CREMATION, OR REMOVAL: Place Louden Park Date June 14 1935

19. UNDERTAKER (Address): Josiah Ryer 1600 W. North Ave.

20. Filed JUN 13 1935, 19 Huntington Printing Co. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1st, 1934 to June 12, 1935

I last saw h alive on June, 1935. Death is said to have occurred on the date stated above, at 830 m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset 6/11/35

Carcinoma of Larynx (Metastatic) — 6/1/34

Other contributory causes of importance:

Carcinoma of Larynx

Was an operation performed? yes Date of 9/11/34

For what disease or injury? Carcinoma of Larynx

Name of operation Laryngotomy Date of 9/11/34

What test confirmed diagnosis? Clinical Symptoms Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Kelly M. D.

(Address) 532 E 22nd St

N 13 1935

K. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Straw

F 13514

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13514

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1810 Guilford ave. St., 12 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret C. Straw

(a) Residence: No. 1810 Guilford ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of: John G. Straw

6. DATE OF BIRTH (month, day, year): July 20. 1871

7. AGE — Years: 63 | Months: 10 | Days: 22 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Daniel Myers

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Mary Plank

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): John G. Straw 1810 Guilford ave, Balto. Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: 6/15 1935

19. UNDERTAKER (Address): Geo. Geisler & Son Glen Rock, Pa

20. FILED ... 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 12, 1935

last saw her alive on June 12, 1935 Death is said to have occurred on the date stated above, at 3:27 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance:

Heart failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) N. B. Freeman M. D.

(Address) 1130 Eutaw Place

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 13 1935

M. D. F 1268-9

F 13515

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13515

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1407 Covington St., 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 63 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence E. Smith

(a) Residence: No. 1407 Covington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles A. Smith

6. DATE OF BIRTH (month, day, year) Jan 13, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME William Wooten

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louisa Bush

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Charles A. Smith
(Address) 1407 Covington

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 15 1935

19. UNDERTAKER A. Raymond Evans
(Address) 1400-02 E. Baltimore St

20. FILED Huntington Williams M.D. Registrar.

JUN 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/32, 1935 to 6-13, 1935

I last saw h alive on 6-13, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis. Hypertension	
Other contributory causes of importance: Uraemia	3 days

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Irene Brown M. D.

(Address) 705 Medical Arts Bldg.

V 53

INFORMATION: This certificate should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

13516

F 13516

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 901 N Lexington St., 18 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elnora Smith

(a) Residence: No. 901 N Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	Wht	Mar

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of John A. Smith

6. DATE OF BIRTH (month, day, year) Feb 25 - 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Montz Reinhardt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Herring

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT J. A. Smith
(Address) 901 Lexington St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Cemetery Date June 15 1935

19. UNDERTAKER George L. Kahnat
(Address) 2101 Eutaw Ave.

20. FILED JUN 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934 to June 12, 1935

I last saw h alive on June 12, 1935. Death is said to have occurred on the date stated above, at 11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic Disease of Heart	3
Other contributory causes of importance: Pulmonary Edema	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H Norwood M. D.

(Address) 939 W Fayette St

S. E.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1269-9

16

13517

HEALTH DEPARTMENT—CITY OF BALTIMORE

13517

CERTIFICATE OF DEATH

✓183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Found floating in the water at Foot of Andre St. St., 6 Ward)

Length of residence in city or town where death occurred 7 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? ---- yrs. ---- mos. ---- ds.

2. FULL NAME Clyde H. Wallace.

(a) Residence: No. 230 N. Port St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, XXXXXXXXXXXX HUSBAND of XXXXXXXXX Effie Wallace.

6. DATE OF BIRTH (month, day, year) July 28, 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	10	12 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md.

FATHER

13. NAME William H. Wallace.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Jennie M. Redman.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Robert Wallace. (son)
(Address) 230 N. Port St.

18. BURIAL, CREMATION, OR REMOVAL
Place St Matthew Date June 14 1935

19. UNDERTAKER Frank V. Pafitone
(Address) 1514 S E. Balto st

FILED JUN 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Missing June 9, 1935 Found June 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental Drowning.	

Other contributory causes of importance:

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M. Feinhardt, M. D.
Coroner

6/13/35 (Address) 1017 E. Charles st.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1068-A

F 13518

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13518

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH John Hopkins Hospital — Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St. 3 ..... Ward)

Length of residence in city or town where death occurred 4 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lorenzo Perez

(a) Residence: No. 127 S. Caroline St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Porto Rican	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	6	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Isaac Perez

14. BIRTHPLACE (city or town) (State or country) Porto Rico

MOTHER

15. MAIDEN NAME Lucia Montiue

16. BIRTHPLACE (city or town) (State or country) Porto Rico

17. INFORMANT Isaac Perez
(Address) 127 So Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6-14- 1935

19. UNDERTAKER Byron & Maynes & Knight
(Address) 1217 McElderry St

20. FILED JUN 14 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10/35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw h.. alive on June 6/12, 1935. Death is said to have occurred on the date stated above at 3.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Comp. Fracture left femur	6/10/35
Comp. fracture of left foot and flexion 1/3 of leg	

Other contributory causes of importance:

Name of operation None Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 6/10, 1935
Where did injury occur? Caroline & Piatt Sts
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Highway
Manner of injury Ran over by Coal Truck
Nature of injury [illegible]

24. Was disease or injury in any way related to occupation of deceased? ✓
If so, specify No

Signed Thos. F. Healey (Autopsy) M. D.
(Address) 5721 Park Ave Coroner

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13519

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13519

CERTIFICATE OF DEATH

89-13

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore St. 15 Bel Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1yr mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jerry J. Mustelette

(a) Residence: No. 4305 Park Heights Ave. St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 3-1931

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3	7	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto City Md

FATHER

13. NAME Robert Mustelette

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Rose Detora

16. BIRTHPLACE (city or town) (State or country) Balto City Md

17. INFORMANT Robert Mustelette

(Address) 4305 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Name New Cathedral Date June 15, 35

19. UNDERTAKER A. S. Marshall

(Address) 3330 Falls Rd

20. FILED JUN 14 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9 1935 to June 13 1935

I last saw him alive on June 13 1935 Death is said to have occurred on the date stated above, at 2:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	6/8/35
Meningitis	6/11/35

Other contributory causes of importance:

Name of operation Mastoidectomy Date of 6/10/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carle H. Weber M. D.

(Address) Medical Building

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1208-9 F 13520

F 13520

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14 V 23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2444 Druid Hill Ave. St., 13 Ward)

Length of residence in city (or town) where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Cullen

(a) Residence: No. 2444 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 1/18/21

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	14	4	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Odell Cullen.

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Adelaide Dennis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Adelaide Cullen

(Address) 2444 Druid Hill Ave

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cem Date JUNE 14 . 1935

19. UNDERTAKER Isaiah L Brown Son

(Address) 1054 W. Montgomery St

24 FILED JUN 14 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1 . 1935 . to June 13 . 1935

I last saw h[illegible] alive on June 12 1935 Death is said to have occurred on the date stated above, at 4:15 AM

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Pulmonary Tuberculosis	April 1935

Other contributory causes of importance:

not known

Name of operation none Date of ...

What test confirmed diagnosis? Sputum Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ... . 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Richard L Ensinger M. D.

(Address) 817 E 12th St

M. D. P. 1268-9

13521

HEALTH DEPARTMENT—CITY OF BALTIMORE

13521

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6 Ward)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nathan Rosenthal

(a) Residence: No. 207 N. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) ~~WIFE of~~ Rebecca

6. DATE OF BIRTH (month, day, year): — 1871

7. AGE: Years 64 | Months — | Days — | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tailor Ret.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Mens Tailor
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Records — Texas
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Rosedale Date 6-14- 35

19. UNDERTAKER: Jack Levin Inc.;
(Address) 1739 E. Balto. St

20. FILED JUN 14 1935 19 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to June 13, 1935

I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 9 10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & coronary sclerosis	Many yrs ago
Myocardial failure	1 yr ago

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jas. R. Brayner M. D.

(Address) Johns Hopkins Hospital

N. B.—WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 3

M. D. P. 1268-9

13522

HEALTH DEPARTMENT—CITY OF BALTIMORE

13522

CERTIFICATE OF DEATH

95-B

1. PLACE OF DEATH Hebrew Home for Aged & Infirm Registered No.

CITY OF BALTIMORE: (No. Belvedere & Greenspring Aves. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eva Polonsky

(a) Residence: No. Levindale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Widow

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Hans Silverman

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Lenna

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Hans Polonsky
(Address) 7 N. Eutaw ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 6/14/35

19. UNDERTAKER Jacob Levin Inc
(Address) 1439 E. Baltimore St

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14-35 . 19

22. I HEREBY CERTIFY, That I attended deceased from April . 1935 to June 14 . 1935.
I last saw h.. alive on June 14 . 1935 Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vas. disease.	
Arteriosclerosis	
Hyper tension	

Other contributory causes of importance:

Chr. Bronchitis	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) H Edmund Levin . M. D.

(Address) Levindale

INSTRUCTIONS: The information called for should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 5 3

JUN 17 1935

M. D. B. 1268-9

13523

HEALTH DEPARTMENT—CITY OF BALTIMORE

13523

CERTIFICATE OF DEATH

129

1. PLACE OF DEATH Sinai Hospital

Registered No.

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? 8 yrs. mos. ds.

2. FULL NAME Goldie Marcus

(a) Residence: No. 1201 N Fremont St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-13-1912

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seamstress 0069

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Harris Marcus

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rose Rabovority

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Rabbi Jehiel B. Yoskowitz

(Address) 813 Whitelock St.

18. BURIAL, CREMATION, OR REMOVAL

Place Rosedale Date 6/14/35, 19

19. UNDERTAKER Levy Bros

(Address) 1439 E. Baltimore St

20. FILED ..... 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-35 19

22. I HEREBY CERTIFY, That I attended deceased from 6-2-35, 19.., to 6-13-35, 19..

I last saw her alive on 6-13-35, 19.. Death is said to have occurred on the date stated above, at 11.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis (Colon + Strep)	May 28, 1935
Source undetermined	
Other contributory causes of importance:	
Toxemia	over
Partial Colectomy	6-9-35

Name of operation Suprapubic + drainage Date of 6-12-35

What test confirmed diagnosis? Pentosal Cent Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Mark E Hamp, M. D.

(Address) Sinai Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-5 13524 F 13524

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-A

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 23 N. Hare St. St., 6 Ward)

Length of residence in city or town where death occurred 32 yrs. 11 mos. 12 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Buettner Jr.

(a) Residence: No. 23 N. Hare St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 3, 1902

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	32	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bar Tender 90 St

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frank Buettner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Emma Haff

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Catherine Buettner

(Address) 23 N. Hare St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 15, 1935

19. UNDERTAKER John A. Moran

(Address) 3000 E. Baltimore St.

20. FILED JUN 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:50 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Stenosis	1 year

Other contributory causes of importance:

Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B 1263-9

F 13525

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13525

CERTIFICATE OF DEATH

165

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2819 Harlem ave. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ethelda A. Hoffmaster

(a) Residence: No. 2819 Harlem ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Adolphus H. Hoffmaster

6. DATE OF BIRTH (month, day, year) Feby 4, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	11	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 937

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

FATHER

13. NAME Joseph E. Nash.

14. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md.

MOTHER

15. MAIDEN NAME Rebecca Cosby

16. BIRTHPLACE (city or town) (State or country) Carroll Co. Md.

17. INFORMANT Raphael Nash. (Address) 17 W. 33rd st.

18. BURIAL, CREMATION, OR REMOVAL Place Woodlawn Date June 15, 1935

19. UNDERTAKER Theodore Holm (Address) 3615 Clifton Ave

20. FILED JUN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on about ... 19 ... Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging — Date of onset

Mentally deranged

Other contributory causes of importance: Herpes of Chest Wall Hysteria

Name of operation no Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) C Haugh Coroner M. D.

(Address) 126 Hanover

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. B. 1268-9

F 13526

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13526

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 7 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME Jacob Price

(a) Residence: No. 1518 Ashland Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah Price

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
51			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sailor 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME Moses Price

14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME Sarah —

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Sarah Price (wife)
(Address) 1518 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL
Hebrew Henrietta Run Date 6/14/35 19

19. UNDERTAKER Dorf Levin Inc
(Address) 1439 E. Baltimore St

20. FILED JUN 14 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4:50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/12/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Chas B Wallace, M. D.
Attending Physician or Coroner

(Address) 1031 St Paul St

v 8 6 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—6-9-19—H. P. Co.—1000 Bks.

F 13527 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13527

CERTIFICATE OF DEATH.

93-C

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No) 2429 Guilford Ave. (St.) 17 (Ward)

2-FULL NAME Charles H. Berry.

(a) RESIDENCE No. 2429 Guilford Ave St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred lifetime yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) March 23 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	2	20	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work R.R. Telegrapher ret'd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Balt. Ohio R. R.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles H. Berry.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore

12 MAIDEN NAME OF MOTHER Josephine Fillenger

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Louisa Wroten

(Address) Glen Burnie Md.

15 Filed JUN 14 1935 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1935

17 I HEREBY CERTIFY, That I attended deceased from Jan. 21, 1935. to June 13 1935.

that I last saw h im alive on June 12, 1935.

and that death occurred, on the date stated above, at 1-30 A. m.

The CAUSE OF DEATH* was as follows:

Chronic myocarditis

over 6 months
(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) None

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) Henry C. Tyler M. D.

6-15-35 19 (Address) 1203 W Fayette St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Lauden Park Cem.	June 15 1935
20 UNDERTAKER	ADDRESS
Frank A. Fink	915 N. Gay St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. [illegible] F 13528

✓ F 13528

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1007 E. Biddle St., St., 10 Ward)

Length of residence in city or town where death occurred 77 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Peter C. Lynch.

(a) Residence: No. 1007 E. Biddle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bridget Kelly Lynch.

6. DATE OF BIRTH (month, day, year) Apr. 2, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Dept

10. Date deceased last worked at this occupation (month and year) Highways 1911 11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Dennis Lynch

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Ellen McTague

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Joseph L. Lynch.
(Address) 2331 Greenmount Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem. Date June 15, 1935

19. UNDERTAKER Howard & Son
(Address) 805 N. Calvert St.

20. FILED JUN 14 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY That I attended deceased from May 22, 1935 to June 13, 1935

I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 10.45 m P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

Signed N. W. Fenton, M. D.

(Address) 1123 St Paul St

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1268-9

13529

HEALTH DEPARTMENT—CITY OF BALTIMORE 13529

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 70 Ward)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Lebo

(a) Residence: No. 2531 W. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Dont know

6. DATE OF BIRTH (month, day, year) Oct - 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Oil

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Business

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Johnstown Pa

FATHER

13. NAME Dont Know

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Mrs. Henry Lynaut

(Address) 2541 W Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Date 6/16/35 19

19. UNDERTAKER Harry Wilson & Son

(Address) 850 Edmondson Ave

20. FILED JUN 14 1935 Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13/35. 19

22. I HEREBY CERTIFY, That I attended deceased from June 4. 35. to June 13. 35

I last saw him alive on June 13. 1935 Death is said to have occurred on the date stated above, at 2:20 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage left
Hypertension
Cardiac insufficiency
Bronchopneumonia
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur C. Yahoch M. D.

(Address) Sinai Hosp

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 13530 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13530

34-J-92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Snowden.

If U. S. Veteran specify WAR .....

(a) Residence: No. 1041 Argyle Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles.

6. DATE OF BIRTH (month, day, year) July 22 1857

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (city or town) (State or country) Trenton, N. J.

FATHER

13. NAME George Curtis.

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Mary Belton

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Records Bur't.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/14 1935

19. UNDERTAKER Wm. A. Jackson

(Address) 946 Penna. Ave. Huntington Williams, N. Y.

Registrar

JUN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4 1935 to 6/10 1935

I last saw her alive on 6/10 1935 Death is said to have occurred on the date stated above, at 5.41 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	
Syphilitic	6 wks.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto. City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1269-9

F 13531

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13531

CERTIFICATE OF DEATH

82-A

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2032 Eastland St., 7 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Antonie Krall

(a) Residence: No. 2032 Eastland St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Krall

6. DATE OF BIRTH (month, day, year) June 10, 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62		3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8077

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austro-Slovakia

FATHER

13. NAME Joseph Petr

14. BIRTHPLACE (city or town) (State or country) Bohemia

MOTHER

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Emma Stiegler

(Address) 2032 Eastland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 17, 1935

19. UNDERTAKER Frank Leach & Son

(Address) 1706 Eastland Ave Huntington Williamsville, N.Y.

FILED JUN 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 13, 1935

that I last saw h[illegible] alive on June 13, 1935. Death is said to have occurred on the date stated above, at 4:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/1/35
Myocarditis	

Other contributory causes of importance:

Cardiac Paralysis	6/13/35

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) William Rysavy M. D.

(Address) 851 Penitentiary

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13532

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13532

82-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Druid Hill Ave St, Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Herbert Pinn

(a) Residence: No. 1017 Druid Hill Ave St, Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1896

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer Gen'l

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Warrington Va

FATHER

13. NAME Henry Pinn

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Hattie Marshall

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Jake Pinn
(Address) 1413 Madison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Maternal Date June 15 1935

19. UNDERTAKER Jesse W. Ridder
(Address) 436 N. Bridge St.

20. FILED JUN 14 1935 19 Thurlington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 — 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-11 1935 to 6 — 11 1935

I last saw h— ~~alive~~ dead on 6 — 11 1935 Death is said to have occurred on the date stated above, at 1P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6/4/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo C Green M. D.
Coroner

(Address) 50 Courtland St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1068-6

F 13533

F 13533

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home Inf. Hospital St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... ds.

2. FULL NAME James Cortas

(a) Residence: No. Edgemere Rd. Sparrows' Point, Md. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna (Asarhou)

6. DATE OF BIRTH (month, day, year) Abt. 1878

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Abt. 57			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-Tin Mill

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlm. Steel Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Greece

FATHER

13. NAME George Cortas

14. BIRTHPLACE (city or town) (State or country) Greece

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT George Cortas

(Address) Edgemere Rd. Sparrows Pt. Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date 6/15/35 19

19. UNDERTAKER Geo. J. Katsafanas

(Address) 1735-41 Aliceford Ave. Essex

20. FILED JUN 14 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 8.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumnia (Right base)	3 days
Other contributory causes of importance:	
Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 6

M. D. F 1268-9

F 13534

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13534

CERTIFICATE OF DEATH

137

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. Ward) 7

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Davis

(a) Residence: No. 503 North Ellwood St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Mary E.

6. DATE OF BIRTH (month, day, year) July 23, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65	10	23 19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mrs. Jos. Crumbock
(Address) 3714 Elmley

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Carmel Date 6/16/35 19

19. UNDERTAKER Phelps Herring Sons
(Address) 2516 Eutaw St

20. FILED 19 (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to June 12, 1935

I last saw him alive on June 12, 1935. Death is said to have occurred on the date stated above, at 7P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Benign hypertrophy of prostate.	
2. Arteria-sclerosis	
3. Hypertension and myocarditis	
Other contributory causes of importance:	

Name of operation Prostatectomy Date June 5

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, (specify)

(Signed) W. W. Wagenseller, M. D.

(Address)

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13535

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13535

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Barnes.

If U. S. Veteran specify WAR

(a) Residence: No. 812 Wilmot St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Johns

6. DATE OF BIRTH (month, day, year): 10/12/1865.

7. AGE: Years 69 | Months 7 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Somerset Co. Md.

FATHER

13. NAME: Johns

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary Saylor.

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Records Beth.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 14, 1935

19. UNDERTAKER
(Address)

20. FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1934 to 6/10, 1935.

I last saw her alive on 6/10, 1935 Death is said to have occurred on the date stated above, at 12:40 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	5 wks.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13536 E 13536

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Grant & Redwood St., 11 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Claude Walker

(a) Residence: No. 716 Park Ave, St., Ward. City

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine

6. DATE OF BIRTH (month, day, year) March 29 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocer & Essences

10. Date deceased last worked at this occupation (month and year) 6-7-35

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (city or town) (State or country) New York

FATHER

13. NAME John Walker

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Elizabeth Templeton

(Address) 716 Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/14, 1935

19. UNDERTAKER Wm Cook

(Address) 1219 E Fayette

20. FILED Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7-35, 19..., to 6-12-35, 19...

I last saw him alive on 6-12, 19 35 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Abscess Right Kidney	2 months
Abscess Left Kidney	12-20-35

Other contributory causes of importance:

Name of operation Incision & Drainage Date of 6-10-35

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. H. Fleming, M. D.

(Address) University Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S. 6.

NOV 1935

M. D. B 1268-9

F 13537

13537

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 94-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp 33rd & Calvert Sts St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Edward Lovett

(a) Residence: No. 2305 Harford Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of Caroline Lovett

6. DATE OF BIRTH (month, day, year) Feb 3rd 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	4	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ——

10. Date deceased last worked at this occupation (month and year) 4-26-35

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Balto. Md
(State or country)

FATHER

13. NAME Wm Andrew Lovett

14. BIRTHPLACE (city or town) Balto. Md
(State or country)

MOTHER

15. MAIDEN NAME Tabitha Anne Jeans

16. BIRTHPLACE (city or town) Carrol County Md
(State or country)

17. INFORMANT Wife
(Address) same

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 17th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 14 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr 26th, 1935 to June 12th, 1935

I last saw him alive on June 12th, 1935 Death is said to have occurred on the date stated above, at 11.35 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis (multiple)	4-26-35
Generalized Arteriosclerosis	?
Splenic Infarction	6-1-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles H. Conley Jr. M. D.

(Address) Union Memorial Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1263-9

F 13538

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13538

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 325 S Pulaski St., 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 53 yrs. ... mos. ... ds.

2. FULL NAME Caroline F. D. Fischer

(a) Residence: No. 325 S Pulaski St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
~~HUSBAND~~ (or) WIFE of Franz Fischer

6. DATE OF BIRTH (month, day, year) Sept 14th 1860

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	8	30 28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Jacob Haussler

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Heidrica Rossa

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Franz Fischer
(Address) 325 S Pulaski

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date June 15th 1935

19. UNDERTAKER Geo Schilling & Sons
(Address) Dignity and Monument Sts

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1934 to June 12, 1935.
I last saw her alive on June 7, 1935. Death is said to have occurred on the date stated above, at 12:5 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio Sclerosis,	
Myocarditis	
Chronic Lateral Nephritis	
from Influenza	1934

Other contributory causes of importance:

Acute Cardiac Dilatation	
Pulmonary Oedema	June 12 '35

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Howard Kelly, M. D.

(Address) 2027 Wilkens Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1935

v 5 5

M. D. [illegible]

F 13539

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13539

CERTIFICATE OF DEATH

93-C

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3715 Elkader Road St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yr. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Philomena Davidson

(a) Residence: No. 3715 Elkader Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Wm. C. Davidson

6. DATE OF BIRTH (month, day, year) July 1, 1863.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio

FATHER

13. NAME William Nath

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mr. Dale G. Davidson

(Address) 3715 Elkader Road

18. BURIAL, CREMATION, OR REMOVAL

Place East Liverpool, Ohio Date June 14, 1935

19. UNDERTAKER Howard J. Murphy

(Address) 4101 Edmondson Ave.

20. FILED [illegible] 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/35

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to 6/12/35

I last saw h[illegible] alive on . 19 . Death is said to have occurred on the date stated above, at 3.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis (Infect)	
Other contributory causes of importance: Hypostatic Pneumonia	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Lyle W. Kelly M. D.

(Address) 5703 Hanford Rd

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 14 1935

M. D. B. 1268-9

13540 29982 F 13540

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter Uhler

(a) Residence: No. 1936 N. Patterson Pkwy St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9-12-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
/	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leon Uhler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Olivia Wilson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 17 1935

19. UNDERTAKER Lilly & Zeidler

(Address) 953 N. Howard St.

20. FILED JUN 17 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 0

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to June 14, 1935

I last saw him alive on June 14, 1935. Death is said to have occurred on the date stated above, at 7:10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	5 25 35
Other contributory causes of Importance:	
Congenital malformation of heart	Birth

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Francis D. Schweinhaut, M. D.

(Address) Johns Hopkins Hosp.

Information should be carefully supplied. Any blank is liable to cause delay. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

13541

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11-a

13541

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4213 Seidl Ave. St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. 2 mos. 30 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Frank Thomas Halmes

If U. S. Veteran specify WAR .....

(a) Residence: No. 4213 Seidl Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Bayer Johnson

6. DATE OF BIRTH (month, day, year) Mch 2-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	2	30 29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moving Pictures

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. operator 1085

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Halmes

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Mrs. Dagin Bayer

(Address) 4213 Seidl Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 16 1935

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 4035 W. Pratt St.

Huntington Mulligan, M.D.

20. FILED JUN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 11, 1935

I last saw him alive on June 11, 1935. Death is said to have occurred on the date stated above, at 11 40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia	6/9/35
Other contributory causes of importance:	
Fx - Fibula	6/6/35

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) John DeVeche M. D.

(Address) 936 E. Monument St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N 1 1935

M. D. P. 1268-9

F 13542

13542

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maureen Doyle

(a) Residence: No. 2843 W. North Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: X

6. DATE OF BIRTH (month, day, year): July 9-1925

7. AGE: Years: 9 | Months: 11 | Days: 5-4 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School child

10. Date deceased last worked at this occupation (month and year): 5/22/35

11. Total time (years) spent in this occupation: 5

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Walter Doyle

14. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER

15. MAIDEN NAME: Kathleen Doyle

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): Mercy Hospital Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem. Date 6/17 [illegible]

19. UNDERTAKER (Address): Eugene A. Forsythe Funeral Home Huntington Williams Ave

20. FILED: JUN 14 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-13-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/22/35. 19 to 6/13/35. 19

I last saw h[illegible] alive on 6/13/35. 19. Death is said to have occurred on the date stated above, at 11:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Mastoiditis	5/29/35

Other contributory causes of importance:

Strep. Hem. Meningitis	5/27/35

Name of operation: Mastoidectomy 5/27/35; Craniotomy 6/6/35

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph V. Sappington, M. D.

(Address) Mercy Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13543

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13543

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2629 W Franklin St. 70 Ward)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Peter Buckheit

(a) Residence: No. 2629 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Buckheit

6. DATE OF BIRTH (month, day, year) Mch 4 1851

7. AGE Years 84 Months 3 Days 9 8 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Adam Buckheit

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Hisson

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Rose Buckheit
(Address) 2629 W. Franklin

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. 6/15/35

19. UNDERTAKER Engle & Sons
(Address) Fulton & Lafayette

20. FILED, 19 , Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/11 1935 to 6/12 1935

I last saw h[illegible] alive on 6/12 1935 Death is said to have occurred on the date stated above, at 6.40 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis cardio vasc. disease Myocarditis - Chronic — Date of onset E

Other contributory causes of importance:

Acute heart failure Acquired. — 6/1/35

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Luther E. Leach M. D.

(Address) 926 N. Charles St.

S 3

NRA 1035

M. D. B. 1268-9

F 13544

HEALTH DEPARTMENT—CITY OF BALTIMORE

3D 0497 13544

CERTIFICATE OF DEATH

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mae E. Stitz (E for Elizabeth)

(a) Residence: No. 2541 Woodbourne Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-9-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Stitz

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Mary Dielin

16. BIRTHPLACE (city or town) (State or country) Md Germany

Records

17. INFORMANT

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date June 16 1935

19. UNDERTAKER Wm. Tickner & Sons

(Address) North & Laraes Ave Huntington Hillsboro, Md.

20. FILED , 19 Registrar.

No. 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to June 12, 1935

I last saw her alive on June 12, 1935 Death is said to have occurred on the date stated above, at 10:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	5 weeks ago
Pneumonia - bronchopneumonia	3 weeks ago

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Y N

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-B

F 13545

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13545

93-D

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 308 E North Ave St., 12 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME A. Rea Engle

(a) Residence: No. 308 E North Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr 24 1876

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Treasurer Secy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eastern Tower Corp

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 21

12. BIRTHPLACE (city or town) (State or country) Marietta Oo

FATHER

13. NAME Chas B Engle

14. BIRTHPLACE (city or town) (State or country) Marietta Oo

MOTHER

15. MAIDEN NAME Annie L Carroll

16. BIRTHPLACE (city or town) (State or country) Oo

17. INFORMANT John A Enoch
(Address) 1701 Lakeside Ave

18. BURIAL, CREMATION, OR REMOVAL
Marietta Oo 6/15 1935

19. UNDERTAKER Wm Cook & Son
(Address) 1217 E Lombard St

Huntington W. Va. Registrar

FILED JUN 15 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on June 13 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	
Probably acute indigestion	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) C. W. Leachman Coroner, M. D.

(Address) Coroner's

F 13546

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13546

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2638 W. North Ave Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Flora Lee ~~Conaway~~ Congray

If U. S. Veteran specify WAR .....

(a) Residence: No. 2638 W. North Ave, ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~ Widowed, or ~~Divorced~~ (write the word): Widowed

5a. If ~~married, widowed, or divorced~~ (or) WIFE of: Harry ~~Conaway~~ Congray

6. DATE OF BIRTH (month, day, year): Mar 4th 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
72	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Ohio

FATHER

13. NAME: David Reese

14. BIRTHPLACE (city or town) (State or country): Ohio

MOTHER

15. MAIDEN NAME: Mary Acton

16. BIRTHPLACE (city or town) (State or country): Ohio

17. INFORMANT: Mrs. G. W. Hunnell

(Address) 2638 W. North Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date June 17th 1935

19. UNDERTAKER: Wm. Cook

(Address) 217 E. Fayette St

Huntington, W. Va.

Registered

JUN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935, to June 14, 1935.

I last saw her alive on June 14, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset 1932

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) L. Peter Morandi M. D.

(Address) 1410 N. North Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 13547

F 13547

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-W

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael J. Hanlon

(a) Residence: No. 104 Aliceanna St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) Dec 11th 1886 12/11/86

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER FATHER

13. NAME Michael J. Hanlon

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Catherine Drew

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mercy Hospital Records Baltimore, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Harford Rd Date June 17 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

JUN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from 3/2/35 . 19 . to 6/14/35 . 19 .

I last saw h alive on 6/14/35 . 19 . Death is said to have occurred on the date stated above, at 6:10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Larynx — Date of onset 1/16/34

Other contributory causes of importance:

Carcinomatosis — 3/2/35

Name of operation Laryngectomy Date of 1/13/34

What test confirmed diagnosis? Biopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19 .

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph V. Clark, M. D.

(Address) Mercy Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13548

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1316 N. Broadway St., 8 Ward)

Length of residence in city or town where death occurred 8 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia A. Zelgkamp

(a) Residence: No. 1316 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Herman T. Zelgkamp

6. DATE OF BIRTH (month, day, year) September 1, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	88	7	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

MOTHER FATHER

13. NAME ? Pflueger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME ? Miller

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Ida M. Zelgkamp
(Address) 1316 N. Broadway.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 6/17, 1935

19. UNDERTAKER W. H. Cook
(Address) 1314 St. Paul St.

20. FILED ... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	5 years
Cardiac Neplunts	

Other contributory causes of importance:

Cerebral Apoplexy (Rt)	3 days

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so specify ...

(Signed) Paul Wheeler, M. D.
Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 12[illegible]

F 13549

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13549

CERTIFICATE OF DEATH

18

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 17-3 Ward)

Length of residence in city or town where death occurred 3 yrs. 10 mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Audrey Stansbury Cephas

(a) Residence: No. 861 W. Franklin St. St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) August 4, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	3	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Walter Cephas

14. BIRTHPLACE (city or town) (State or country) Eastern Shore Maryland

MOTHER

15. MAIDEN NAME Rebecca Harris

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Rebecca Harris

(Address) 861 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL

Mt. Auburn Cem June 15 19 35

19. UNDERTAKER Bernard P. Brumley

(Address) 818 Druid Hill Ave.

20. FILED JUN 15 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcic Meningitis	Two days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13550

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13550

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 527 N. Highland Ave St., 76 Ward)

Length of residence in city or town where death occurred 47 yrs. 10 mos. 2 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Margaret S. Petitt

(a) Residence: No. 529 N. Highland Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of Charles J. Petitt

6. DATE OF BIRTH (month, day, year) July 23, 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	47	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME Charles Bishop

14. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Miller

16. BIRTHPLACE (city or town) — (State or country) Germany

17. INFORMANT Charles J. Petitt

(Address) 527 N. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date June 17, 1935

19. UNDERTAKER George W. Zirkler

(Address) 1737 E. Eager St.

20. FILED JUN 15 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	8 years (Eight)
Cerebral Apoplexy (Right side)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1758-9 F 13551 ✓ F 13551

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto Hosp 22 St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long if U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Sue Grottendieck.

(a) Residence: No. 2112 Warren Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 8, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				1 hr.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) So. Balto Hosp

FATHER

13. NAME Hiram E. Grottendieck

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Bertha M. Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Becky dec 22nd Date ..... 19..

19. UNDERTAKER Ed Ingerfield

(Address)

20. FILED ..... 19.. .....

Registrar.

JUN 15 1935 Huntington Titus Ass't Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8 1935 to June 8 1935

I last saw h[illegible] alive on June 8 1935. Death is said to have occurred on the date stated above, at 10:01 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 6 months	
Cause Unknown	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Thurston T. Chew M. D.

(Address) So. Balto Hosp.

S 3 OCCUPATION is very important. See instructions on back of certificate.

M. D. [illegible]

B 13552

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13552

CERTIFICATE OF DEATH

1. PLACE OF DEATH: St. Joseph's Hospital (Dead on Arrival) 210-E

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Mary Lulu Paul

(a) Residence: No. 734 Carrollton Ave St. Balto Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of Theodore Paul

6. DATE OF BIRTH (month, day, year): 7-9-1884

7. AGE: Years 51 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Balto Md

FATHER

13. NAME: Mathew Richardson

14. BIRTHPLACE (City or town) (State or country): Balto Md

MOTHER

15. NAME: Priscilla Thomas

16. BIRTHPLACE (City or town) (State or country): Balto, Md

17. INFORMANT: Augusta Hall

(Address) 1106 Edmondson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Date June 6 1935

19. UNDERTAKER: Samuel N. Chase & Son

(Address) 638 N. Gilmor

20. FILED ... 19 ... Registrar.

JUN 5 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/4 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw her alive on 6/4 1935. Death is said to have occurred on the date stated above, 8.05 P m.

The principal cause of death and related causes of importance were as follows:

Fractured Neck — Date of onset

Probable fractured Skull

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ... 19...

Where did injury occur? E North & Fallsway Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Highway

Manner of injury Struck By Automobile

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lewis Riley (Automobile) M. D.

(Address) 5702 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 13553

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13553

CERTIFICATE OF DEATH

124-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lo. Balto. Gen'l Hosp. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Alfred Hartman

(a) Residence: No. 3814 S. Third St., Brooklyn Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grace L. Hartman

6. DATE OF BIRTH (month, day, year) Sept. 7 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	42	10 9	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Officer 061

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto. City Pol.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Alfred Hartman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Pauline Kuehnle

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Grace L. Hartman

(Address) 3814 Third St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date 6/17 . 1935

19. UNDERTAKER J. Few McCully

(Address) 1342 E. Fort Ave.

20. FILED JUN 15 1935 . 19 Huntington Williams, M.D. Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 . 1935 to June 14 . 1935

I last saw him alive on June 14 . 1935. Death is said to have occurred on the date stated above, at 4:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer, Rectum	?
Myocardial failure	6/11/35

over

Other contributory causes of importance:

Name of operation Sigmoidoscopy Date of 6/11/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. M. Cronin . M. D.

(Address) City Balto. Gen'l Hosp.

M. D. B. 1268-9

F 13554

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13554

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 2532 Arunah Ave. St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily J. Grant,

(a) Residence: No. 2543 Arunah Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Malcolm Grant,

6. DATE OF BIRTH (month, day, year) December 16, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore City Md

FATHER

13. NAME J. Leonard Haffman,

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Olivia F. Deshield,

16. BIRTHPLACE (city or town) (State or country) Baltimore City Md.

17. INFORMANT Mrs H. F. Meister

(Address) 2532 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date JUN 17 1935, 19

19. UNDERTAKER Leo N. Sittle

(Address) 2700 Edmondson Ave.

20. ISSUED JUN 15 1935, 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUN 14 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/25, 19 35 to June 14, 19 35

I last saw h[illegible] alive on June 14, 19 35 Death is said to have occurred on the date stated above, at 12:45 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	2
(Mitral Insufficiency)	
Chronic Nephritis	7

Other contributory causes of importance:

Name of operation Clinical Date of

What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) 2000 Hallows Ave

Make CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1265-9

F 13555

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13555

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Johns Hopkins Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 5 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Johnson

(a) Residence: No. 408 Aisquith St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Don't Know

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, year) - - 1897.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, weaver Chauffeur Helper 0023

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year) 6/6-35

11. Total time (years) spent in this occupation 18yrs.

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER 13. NAME Henry Johnson

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

MOTHER 15. MAIDEN NAME Emily Hensen

16. BIRTHPLACE (city or town) (State or country) Mayo Co. Md

17. INFORMANT Mozella Pryor (Sister)

(Address) 1003 Oakland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 9 1935

19. UNDERTAKER Joseph D Lakofe

(Address) 1302 Gilmor St

20. FILED ..... 19 ..... Registrar

N 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/11/35 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw him alive on Dead Injury 19.... Death is said to have occurred on the date stated above, at 12.55 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/6/35

Other contributory causes of importance:

Left temporal Decomp veins Date of 6/6/35

What test confirmed diagnosis? Upon. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 6/6/35

Where did accident occur? Edmond & McElroy Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Thrown out of Auto Truck

Nature of injury Fx Skull & Collision

24. Was disease or injury in any way related to occupation of deceased? No

If a suicide, state whether poison, gun, hanging, etc. Hit by Auto (Automobile)

Dated June 9 1935 Signature and title Hartley Bradley M. D. Coroner

(Address) 5442 Park Heights Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13556 ✓ F 13556

CERTIFICATE OF DEATH

209-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH BALTIMORE CITY HOSPITAL
Private right of way of United Railways & East of Tunnels Station
CITY OF BALTIMORE: (No. Hospital Yard)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carl Christensen

(a) Residence: No. Unknown St., ... Ward: .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single (?)

5a. If married, widowed, or divorced
HUSBAND of X
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S.S. for Mar for the Calmar Line

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Council Bluffs Iowa

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT "
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date 6/15/35

19. UNDERTAKER Bernard G. Feild
(Address) 5135 Harford Road Huntington Matthews M.D.

20. FILED JUN 16 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..., to ..... 19 .....
I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury June 14, 1935
Where did injury occur? U. Railways tracks east of Tunnels Station
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place On tracks of United Railways
Manner of injury struck & rolled under street car
Nature of injury Fractured Skull (abc)

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) H. W. Wright M. D.
(Address) 1010 S. Edmondson Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

13557 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel West

(a) Residence: No. 803 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of X

6. DATE OF BIRTH (month, day, year) March 6 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc odd job man

10. Date deceased last worked at this occupation (month and year) last May 30

11. Total time (years) spent in this occupation Uf

12. BIRTHPLACE (city or town) (State or country) Accomac Co. Virginia

FATHER

13. NAME George West

14. BIRTHPLACE (city or town) (State or country) Accomac Co. Virginia

MOTHER

15. MAIDEN NAME Clover (Unknown)

16. BIRTHPLACE (city or town) (State or country) Probably Accomac Co. Va.

17. INFORMANT Mrs. Bettie Brown

(Address) 1510 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Lebanon Date June 18, 1935

19. UNDERTAKER Mrs Katie L Williams

(Address) 3212 Edmondson Ave

20. FILED JUN 15 1935 19 ..... Registrar.

Moved to Williamsport

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw him alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
nephritis	
	years

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.
Coroner

(Address) 1010 E. Ellwood St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. R 1268-9

13558

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13558

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 422 Bruce St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Asbury Conner

(a) Residence: No. 422 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mamie Conner

6. DATE OF BIRTH (month, day, year) 2-12-1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	4	02	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28 yrs

12. BIRTHPLACE (city or town) (State or country) Pocomoke City, Md

FATHER

13. NAME Jesse Conner

14. BIRTHPLACE (city or town) (State or country) Newton Md

MOTHER

15. MAIDEN NAME Mary Marie Fargis

16. BIRTHPLACE (city or town) (State or country) Pocomoke City, Md

17. INFORMANT (Address) Miss Estelle Waters 422 Bruce St.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date June 15, 35

19. UNDERTAKER Jno Katze R. Williams (Address) 322 N Schroeder St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Other Diseases

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jesse H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. B 1268-9

13559 HEALTH DEPARTMENT—CITY OF BALTIMORE 13559

CERTIFICATE OF DEATH

Registered No. 34-9-2-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Tibbs (or Gibbs)

(a) Residence: No. 239 Myrtle Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elsie Tibbs

6. DATE OF BIRTH (month, day, year) Feb 12 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	4	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant yards

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. junk dealer

10. Date deceased last worked at this occupation (month and year) Jan 7 35

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) unknown Virginia

FATHER

13. NAME John Tibbs

14. BIRTHPLACE (city or town) (State or country) unknown Virginia

MOTHER

15. MAIDEN NAME Elsie Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown Virginia

17. INFORMANT Mrs Elsie Tibbs (Address) 239 Myrtle Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date June 17, 35

19. UNDERTAKER Mrs Katie R Williams (Address) 322 S. Schroeder St

20. FILED ... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19.... to ... 19....

I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at 1359 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	
Other contributory causes of importance: Probably hypertrophy for valvular lesion	over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19....

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

nr ... If so, specify ...

Signed W. W. Wright ... M. D.

(Address) 1010 S. Ellwood Ave.

SEE INSTRUCTIONS ON BACK OF CERTIFICATE.

F 13560

M. D. P. 168-9

F 13560

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 115 N Saratoga St., 4 Ward)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds. How long in U. S. If of foreign birth? 77 yrs. 10 mos. 3 ds.

2. FULL NAME George Everett Wallis

(a) Residence: No. 115 N Saratoga St., Ward. Salisbury Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rosalie Jacobsen Wallis

6. DATE OF BIRTH (month, day, year) Aug-12-1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oyster Brush Co.

10. Date deceased last worked at this occupation (month and year) about 1933

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

FATHER

13. NAME Arthur J Wallis

14. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

MOTHER

15. MAIDEN NAME Eva

16. BIRTHPLACE (city or town) (State or country) Kent Co Maryland

17. INFORMANT Alfred H. J. Wallis - (son)

(Address) 1804 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Salisbury Md Date June 16/35

19. UNDERTAKER Stewart Mowen Co.

(Address) 108 W Main Ave.

20. FILED JUN 15 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15th 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-12 1935 to 6-15 1935

I last saw h[illegible] alive on 6-14 1935 Death is said to have occurred on the date stated above, at 1.A m.

The principal cause of death and related causes of importance were as follows:

Agr. Arteriosclerosis
Anemia - Bronchial Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) H K Sorrenck M. D.

(Address) 113 N. Saratoga St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 13561

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

205 G

Registered No. F 13561

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals, 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Joseph Sauter

(a) Residence: No. 5510 Edna Ave. St., ...Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced (write the word)~~
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) March 8 1910

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	25	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk (Efficiency) + Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Aluminum

10. Date deceased last worked at this occupation (month and year) June 14

11. Total time (years) spent in this occupation X0009

12. BIRTHPLACE (city or town) (State or country) Balto Maryland

FATHER

13. NAME Frank Sauter

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Lenora Meyd

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Frank Sauter 5560 Edna Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem Dale Date 6/17/35

19. UNDERTAKER (Address) J. Frank Jacobs 53-05 Harford Rd.

20. FILED ....19.... Registrar

JUN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 8,30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 14 1935

Where did injury occur? Kresin near Lombard Sts. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Thrown against iron girder by explosion in air tank of air compressor

Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) W. W. Wright M. D.

(Address) 1010 S. Ellwood Ave. Coroner

V56 OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13562

F 13562

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Oline Beall

(a) Residence: No. 122 Bromwell annapolis md St., ... Ward. Annapolis, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) april 26 - 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	2	1	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 2000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md

MOTHER

13. NAME William O Beall

14. BIRTHPLACE (city or town) (State or country) Annapolis Md

15. MAIDEN NAME Rose C Koch

16. BIRTHPLACE (city or town) (State or country) Annapolis Md

17. INFORMANT William O Beall

(Address) Annapolis Md

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Bluff annapolis md Date June 18 35 19

19. UNDERTAKER B F Hopkins

(Address) Annapolis Md

20. FILED 6 1935 Huntington Williams Reg'r.

MEDICAL CERTIFICATE OF DEATH O

21. DATE OF DEATH (month, day, year) 6-16- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-19- 1935 to 6-16- 1935

I last saw her alive on 6-16- 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia Rt Lower Lobe	6-7-35
Other contributory causes of importance: Pleurisy c Effusion	? 6-7-35

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert W. Farr M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B 1268-9

F 13563

13563

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH Sydenham Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mabel Fields

(a) Residence: No. 523 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem'l	colored	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 25, 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	5	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mc Kinley Fields
14. BIRTHPLACE (city or town) (State or country) Frederick Md

MOTHER

15. MAIDEN NAME Rebecca Hill
16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Kinley Fields
(Address) 523 N Caroline St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 6-17 1935

19. UNDERTAKER Bynon & Manic W. Wright
(Address) 1218 McCulloh St.

20. FILED 6-19 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935, to June 13, 1935

I last saw h[illegible] alive on June 13, 1935. Death is said to have occurred on the date stated above, at 5.40 A m.

The principal cause of death and related causes of importance were as follows:

Encephalitis. — Date of onset May 30
Bronchopneumonia — 6/11

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis Gross Pathology Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Harry Ladman M. D.

(Address) Sydenham Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

13564 F 12564

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospital — Registered No. 3417

CITY OF BALTIMORE: (No. ... St. ... Ward) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Milton Willett

(a) Residence: No. 4037 W. Mount St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Edith Willett

6. DATE OF BIRTH (month, day, year): March 16, 1888

7. AGE: Years 47 | Months 2 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Oil Mill

10. Date deceased last worked at this occupation (month and year): 2/

11. Total time (years) spent in this occupation: 2/

12. BIRTHPLACE (city or town) (State or country): Caswell Co. N.C.

FATHER

13. NAME: John Willett

14. BIRTHPLACE (city or town) (State or country): N.C.

MOTHER

15. MAIDEN NAME: Margaret Anderson

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL: Pl. Cabrit Co and Revoke Date June 16, 1931

19. UNDERTAKER (Address): Joseph A. Lucky 409 N. Mount Street

20. FILED ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 4 1931

22. I HEREBY CERTIFY, That I attended deceased from June 3 to June 4 1931, that I last saw him alive on June 3 1931, that death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Abscess - Abdominal Wall [Non-Tuberculous] 3 Months

Other contributory causes of importance:

Pyaemia - Lung Patient June 4/31

Incision & Drainage of Abscess 5/16/31

Name of operation: ... Date ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so specify ...

(Signed) Samuel A. Gompf M. D.

(Address) Balto City Hospital

Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13565 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13565

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 223 N. Front St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Susie McQuade If U. S. Veteran specify WAR No

(a) Residence: No. 223 N. Front St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 11-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	4	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore City

FATHER

13. NAME John M McQuade

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Anna Fogarty

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James McQuade
(Address) 223 N. Front St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 17th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED JUN 18 1935 Huntington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to June 14, 1935

I last saw her alive on June 13, 1935. Death is said to have occurred on the date stated above, at 12 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart disease	
Exhaustion	

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Luigi D'Ascenzo M. D.

(Address) 1407 E. Eager St

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. P. 1268-9

F 13566

13566

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1604 Poplar Grove St. 15-6 Ward)

Length of residence in city or town where death occurred 17 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran

2. FULL NAME Elmer James Skwres

(a) Residence: No. 1604 Poplar Grove St.. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Hattie

6. DATE OF BIRTH (month, day, year) May 15 - 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocers

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Somerset Co; Maryland.

FATHER

13. NAME Edward S Skwres

14. BIRTHPLACE (city or town) (State or country) Somerset Co, Md.

MOTHER

15. MAIDEN NAME Mary Hopkins

16. BIRTHPLACE (city or town) (State or country) Somerset Co, Md.

17. INFORMANT Hattie Skwres.
(Address) 1604 Poplar Grove St.

18. BURIAL, CREMATION, OR REMOVAL In Orleans Meth Episc. 6/16/35

19. UNDERTAKER Tilghman Cook
(Address) 2174 E Fayette St

Huntington Williams, M.D.

16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from January 24 1932 to June 15 1935

I last saw him alive on June 12 1935 Death is said to have occurred on the date stated above, at 7:15 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemmorhage — Date of onset 6-5-35

Other contributory causes of importance:

Hypertension & Arterio-Sclerosis — unknown

5 Diffuse Cerebral Hemmorhages since — 1-24-32

Name of operation none Date of —

What test confirmed diagnosis? S.S. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Chester Rulands, M. D.

(Address) 2332 Edmondson Ave.

DIRECTION IS VERY IMPORTANT. See instructions on back of certificate.

M. D. B 1268-9

F 13567

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13567

CERTIFICATE OF DEATH

✓ 209 M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital St., 25 Ward)

Length of residence in city or town where death occurred 45 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth 42 yrs. ---- mos. ---- ds.

2. FULL NAME Josephine Chovanec.

(a) Residence: No. 4910 Curtis Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow.

5a. If married, widowed, or XXXXXX (or) WIFE of Andrew Chovanec

6. DATE OF BIRTH (month, day, year) March 21, 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	2	24 23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Mytisch.

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary --------

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Frances Smith. (daughter)
(Address) 751 McKewin Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 17, 1935

19. UNDERTAKER Chas P. Stubbs
(Address) 1801 E. Fort Ave.

20. FILED JUN 15 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ... to ....., 19 ...

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 11.15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the Skull	

Other contributory causes of importance:

Struck and knocked down by street car

Name of operation Accidental Death Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19 ...

Where did injury occur Curtis Ave & Cedar St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto Reinhardt, M. D.
Coroner

6/15/35 (Address) 1017 S. Charles St.

F 18568

13568 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward 17)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James C. Harris.

(a) Residence: No. 930 Argyle Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Divorced.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Olivia

6. DATE OF BIRTH (month, day, year) 9/25/1867.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47.	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ? Mangela.

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Dr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date 6/17/1935

19. UNDERTAKER Frances A Hemsley

(Address) 578 W. Biddle St.

6/16 1935 Huntington Williams [illegible] Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/9 1934 to 6/14 1935

I last saw him alive on 6/14 1935 Death is said to have occurred on the date stated above, at 3 05 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive heart disease	Jan 34

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1261-9

13569

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13569

CERTIFICATE OF DEATH

216-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH: Hebrew Memorial Hospital
CITY OF BALTIMORE: (No.) Dead on arrival (Ward) 10

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Charles Asimakes

(a) Residence: No. 851 N. Isay St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct 12 - 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or ... min.
	22	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as farmer, sawyer, bookkeeper: Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER FATHER

13. NAME Peter Asimakes

14. BIRTHPLACE (city or town) (State or country) Greece

15. MAIDEN NAME Mary Stafiopoulos

16. BIRTHPLACE (city or town) (State or country) Greece

17. INFORMANT (Address) Jean Simvoden (Father) 2356 E. North Ave

18. BURIAL, CREMATION, OR REMOVAL
Forest Lawn Cem. Date June 17 1935

19. UNDERTAKER Frank A. Fink
(Address) 916 N. Gay St.

20. FILED JUN 16 1935 Huntington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6/15 - 35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19.....

I last saw h... alive on dead 6/15/35 19.... Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of Injury 6/15 1935
Where did injury occur? Public
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Fell from Automobile
Manner of injury Auto accident
Nature of injury Another car

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

Signed Herbert Bayley Coyle M. D.
Address 1502 Park Heights Ave

13570 **HEALTH DEPARTMENT—CITY OF BALTIMORE** B 13570

CERTIFICATE OF DEATH 93-C

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. 2407 Talbot Road St., 15 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Gordon Dean — If U. S. Veteran specify WAR .....

(a) Residence: No. 2407 Talbot Road St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Irene Haynes

6. DATE OF BIRTH (month, day, year) ~~June 15, 1935~~ Oct 7/1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	7	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George A. Dean

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Emma Gorton

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mr. W. G. Dean, Jr.

(Address) 2407 Talbot Road

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 17 1935

19. UNDERTAKER John O. Mitchell & Sons,

(Address) 1900 Eutaw Place

20. FILED JUN 15 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from June 1 . 1934. to June 15-1935. 19

I last saw h~~im~~ alive on June 15 . 1935. Death is said to have occurred on the date stated above, at 2 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 1934
	1928

Other contributory causes of importance: arterio-sclerosis

Was an operation performed? no Date of .....

For what disease or injury? None

Name of operation None Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If [illegible]

(Signed) Walter Talbot M. D.

(Address) 2220 Garrison Blvd.

OCCUPATION is very important. See instructions on back of certificate.

B 12571

13571

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3102 Gwynns' Falls Parkway Ward) 16

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Charles Strott

(a) Residence: No. 3102 Gwynns' Falls Garkway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosetta Whitney

6. DATE OF BIRTH (month, day, year) Oct. 15, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	39	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanical Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME L. J. J. Strott

14. BIRTHPLACE (city or town) (State or country) Washington D. C.

MOTHER

15. MAIDEN NAME Marcy C. Lidner

16. BIRTHPLACE (city or town) (State or country) Chambersburg, Pa.

17. INFORMANT Mrs. Rosetta W. Strott
(Address) 3102 Gwynn's Falls Parkway

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 18 1935

19. UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

20. FILED 16 1935 Hamilton Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 15 1935

I last saw him alive on June 15 1935. Death is said to have occurred on the date stated above, at 2 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina-pectoris June 1/35 also June 15/35	
Other contributory causes of importance:	
arteriosclerosis	1918
Hypertension	1918

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Hale D. Dubbs M. D.

(Address) 2220 Garrison Ave.

OCCUPATION IS VERY Important. See instructions on back of certificate.

13572 F 13572

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 329 E. 31st St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Rose Ella Neal

(a) Residence: No. 329 E. 31st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James Oliver Neal

6. DATE OF BIRTH (month, day, year) March 13, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Allen

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME --

16. BIRTHPLACE (city or town) (State or country) --

17. INFORMANT Oliver M. Neal

(Address) 329 E. 31st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cem. Date June 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JUN 18 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1930 to June 14, 1935

I last saw h. alive on June 14, 1935. Death is said to have occurred on the date stated above, at 11.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis. Hypertension	1930?
Other contributory causes of importance: Cardiac decompensation	June 1930

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. M. Gross M. D.

(Address) 2435 Maryland Ave.

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. B 1268-9

F 13573

HEALTH DEPARTMENT—CITY OF BALTIMORE

13573

CERTIFICATE OF DEATH

210-M

Registered No. .....

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. ..... St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rev. Lafayette Jenkins

(a) Residence: No. 878 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Rosa Jenkins

6. DATE OF BIRTH (month, day, year): Sept 6-1887

7. AGE: Years 47 | Months 9 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0018

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Eatonton (State or country) N.C

FATHER

13. NAME: James Jenkins

14. BIRTHPLACE (City or town) Eatonton (State or country) N.C

MOTHER

15. MAIDEN NAME: Betty Eaton

16. BIRTHPLACE (City or town) Eatonton (State or country) N.C

17. INFORMANT: Rosa Jenkins (wife)

(Address) 878 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 7th 35

19. UNDERTAKER: Mrs. Rosa A. Elliott Daughter

(Address) 1129 Hardin ave.

20. FILED 19 Huntington Williams, Registrar.

JUN 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw him alive on 6/14/35 19 Death is said to have occurred on the date stated above, at 7.45a m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured skull

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? L Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, Suicide, or Homicide? ..... Date of injury 6/14 19 35

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place: Edmondson Ave & Gilmor Public.

Manner of injury: Leaving car to taxi - Struck by Auto

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Hubert Bruce Autopsy M. D.

(Address) 1129 Park Ave

M. D. F. 1268-9

F 12574

13574

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 126

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. If of foreign birth 76 yrs. mos. ds.

2. FULL NAME Mary O'Neil

(a) Residence: No. 4302 Garrison Blvd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 5 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75	6	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John Quail

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Tracy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 6/17 1935

19. UNDERTAKER Harry A. O'Meara & Son

(Address) 805 W. Lafayette Ave

20. FILED 6/16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from March 3 1935 to June 15 1935

I last saw h alive on June 15 1935 Death is said to have occurred on the date stated above, at 5:10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis & Cholelithiasis	?
Other contributory causes of importance: Emphysema Left pleural Cavity Pleurisy	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward A. Flynn M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—M&T—500 Bks.

F 13575

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13575

11-a

CERTIFICATE OF DEATH.

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 729 Dolphin ST., 17 WARD)

2-FULL NAME Mildred Gertrude Burley

(a) RESIDENCE No. 729 Dolphin ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 27, 1930

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	5	3	16	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work none

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore
(State or country) Md.

PARENTS

10 NAME OF FATHER Ellsworth Burley

11 BIRTHPLACE OF FATHER (city or town) Annapolis
(State or country) Md.

12 MAIDEN NAME OF MOTHER Pearl Hamming

13 BIRTHPLACE OF MOTHER (city or town) Baltimore
(State or country) Md.

14 Informant Pearl Burley
(Address) 729 Dolphin St.

15 Filed . 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 1935

17 I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 13, 1935

that I last saw her alive on June 13, 1935

and that death occurred, on the date stated above, at 4.30 P m.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia

primary (duration) yrs. 1 mos 9 ds.

CONTRIBUTORY (Secondary) Exhaustion (duration) yrs. mos. 7 ds.?

18 Where was disease contracted if not at place of death? at home

Did an operation precede death? No Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical

(Signed) J. Bettinger M. D.

6/14 1935 (Address) 1413 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL June 16, 1935

20 UNDERTAKER Mrs Katie R. Williams

ADDRESS 3221 Edmondson Ave

THIS IS VERY important. See instructions on back of certificates.

M. D. F. 1268-9

13576 HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13576

CERTIFICATE OF DEATH

✓ 110

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 506 E. Chase St. St., 10 Ward)

Lifetime

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BART L. MALOOLY

(a) Residence: No. 506 E. Chase St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. Malooly

6. DATE OF BIRTH (month, day, year) July 10th. 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Cleaning Dept.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Malooly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliza Sommers,

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary C. Malooly
(Address) 506 E. Chase St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date June 18th. 35

19. UNDERTAKER Chas F. Fraut & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 16 1935 Huntington Williams, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to June 14 1935

I last saw h[illegible] alive on June 14 1935 Death is said to have occurred on the date stated above, at 10.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Diff Fibrinous Pleurisy	5/13/35
Acute Fibrinous Pericarditis	5/23/35
Hemolytic-Pneumonia, Diff	5/29/35
Other contributory causes of importance: Phlebitis L. Right axillary, Subclavian and R. Ext. Jugular Veins	6/1/35

Name of operation None Date of

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William R. Straight M. D.

(Address) 10 E Biddle St

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

13577 E 13577

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3543 Liberty Heights Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME RUTH M. MEDINGER

(a) Residence: No. 3543 Liberty Heights Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of C. Edward Medinger

6. DATE OF BIRTH (month, day, year) Jan. 21, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	4	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME Thomas Shackelford

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Mary -----

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT C. Edward Medinger
(Address) 3543 Liberty Heights Ave.

18. BURIAL, CREMATION, OR REMOVAL. Place Baltimore Cemetery Date 6/17 1935

19. UNDERTAKER Chas. P. Evans & Son
(Address) 1524 Pennsylvania Ave

Filed JUN 16 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from July 23 1934 to June 15 1935

I last saw h~~e~~r alive on June 14 1935 Death is said to have occurred on the date stated above, at 9a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of upper right jaw + face (Supper Maxillary bone right)	July 1934
Other contributory causes of importance: Carcinoma of upper right part of face	July 1934

Name of operation none Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter D. Hubbard M. D.

(Address) 2220 Garrison Blvd

M. D. F. 1268-9

F 13578

13578

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202 Bruard — St., 11 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Isaac Gulliver

(a) Residence: No. 1113 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Augusta Gulliver

6. DATE OF BIRTH (month, day, year) May 26-1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	—	19-18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck Driver

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Samuel C. Gulliver

14. BIRTHPLACE (city or town) (State or country) Elmira, N.Y.

15. MAIDEN NAME Martha Smallwood

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md

17. INFORMANT Martha Gulliver
(Address) 1202 Bruard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/17/35 19

19. UNDERTAKER Mrs. Grace B. Pollard
(Address) 1631 Druid Hill Ave

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1935 to June 14, 1935
I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1 yr.

Other contributory causes of importance:

None

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. C. Pelletiau M. D.

(Address) 817 Hamilton Terr.

Spec.—2-29-28—L. F. S.—500 Bks.

F 13579 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13579

CERTIFICATE OF DEATH

REGISTERED NO. 23

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2507 McCulloh ST., 13 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Mrs. Pauline S. Dorsey

(a) RESIDENCE NO. 2507 McCulloh ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Colored	Married

a If married, widowed, or divorced HUSBAND of (or) WIFE of Howard S. Dorsey

6 DATE OF BIRTH (month, day, and year) 2/2/88

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	4		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto., Md

PARENTS

10 NAME OF FATHER Mc Dotson

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto Md

12 MAIDEN NAME OF MOTHER Anna Garrison

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto Md

14 Informant Husband

(Address) 2507 Mc Culloh St

15 Filed 6/16 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-14-35

17 I HEREBY CERTIFY, That I attended deceased from 6-8, 19 35, to 6-14, 19 35

that I last saw her alive on 6-13, 19 35

and that death occurred, on the date stated above, at 5:30 P. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? unknown

Did an operation precede death? — Date of —

Was there an autopsy? No

What test confirmed diagnosis? clinical

(Signed) W. B. Butler, M. D.

6/15, 19 (Address) 2035 Druid Hill Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn

DATE OF BURIAL 6/17/1935

20 UNDERTAKER Mrs. George H. Holland

ADDRESS 1631 Druid Hill

M. D. P. 1268-9

E 13580

HEALTH DEPARTMENT—CITY OF BALTIMORE

13580

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 Dawson St., 17 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robt. Warren

(a) Residence: No. 1100 Dawson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Apr. 23-1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	1	21 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Clarence Warren

14. BIRTHPLACE (city or town) (State or country) Richmond Va.

MOTHER

15. MAIDEN NAME Bertha Cottman

16. BIRTHPLACE (city or town) (State or country) Westown Md.

17. INFORMANT (Address) Bertha Warren 1100 Dawson St

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date 6/17/35 19

19. UNDERTAKER (Address) Mrs. George H. Collard 1631 Druid Hill Ave

19 Registrar.

16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-8 1935 to 6/17 1935 I last saw her alive on 6/17 1935 Death is said to have occurred on the date stated above, at 7:00 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Degeneration 6/7 1935

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) B. J. Halpin M. D.

(Address) 1 W Mt Royal Ave

M. D. H. 1268-9

13581 E 12581

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3512 W Lafayette Ave St., 27 Ward)

Length of residence in city or town where death occurred 43 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Joseph Raben no service record

(a) Residence: No. 3512 White Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/2/1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	43	4	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City

10. Date deceased last worked at this occupation (month and year) 10 yrs ago

11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Wm Raben

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Susanna Hahn

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wm Raben
(Address) 2913 Erdman Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Cem Date June 17 1935

19. UNDERTAKER John Ulrich
(Address) 2008 Orleans St

20. Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to June 14, 1935

I last saw him alive on 6/14, 1935. Death is said to have occurred on the date stated above, at 9 30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Wayne L. Galley M.D.

(Address) 5703 Harford Rd.

M. D. P. 1268-9

F 13582

13582

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1637 St. Lansdale St., 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Sennard

(a) Residence: No. 1637 St. Lansdale St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of / WIFE of Charles Sennard

6. DATE OF BIRTH (month, day, year) Nov 25, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

FATHER

13. NAME Henry Grundy

14. BIRTHPLACE (city or town) (State or country) Gloucester Co Va

MOTHER

15. MAIDEN NAME Hankinson

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Matilda Hunt

(Address) 1637 St. Lansdale St

18. BURIAL, CREMATION, OR REMOVAL

Place Valley Cem. Date June 17 1935

19. UNDERTAKER Leroy Allison

(Address) 1101 Baltimore

20. FILED JUN 16 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 9. 1935 to June 14. 1935

I last saw her alive on June 13 1935 Death is said to have occurred on the date stated above at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
[illegible]	
Other [illegible]	

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Ehle M. D.

(Address) 924 Madison Ave

M. D. B. 1268-9

F 13583

13583

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Provident Hosp. 18 (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Golden

(a) Residence: No. 1014 Bennett Pl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Sarah E Golden

6. DATE OF BIRTH (month, day, year) 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
63	62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ga.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Sarah E. Golden 1014 Bennett Pl
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place National Cem June 15th 35

19. UNDERTAKER Elroy O Wilson
(Address) 1000 E Brantley

20. FILED 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14- 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-10- 1935 to 6-14- 1935

I last saw him alive on 6-9-35 Death is said to have occurred on the date stated above, at 3:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	4-10-35

Other contributory causes of importance:

Arter. Sclerosis

Name of operation None Date of None

What test confirmed diagnosis? None. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B Le Compte M. D.

(Address) Provident Hosp

13584 F 13584

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1266 James St. 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Chenowith

(a) Residence: No. 1266 James St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Richard Chenowith

6. DATE OF BIRTH (month, day, year) Jan 1st 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72	5	013	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1930 | 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Allie Hatton

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Simmons

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Alice Lettau
(Address) 1266 James St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 17th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 1934 to June 14 1935

I last saw her alive on June 14 1935 Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus Indefinite	
Other contributory causes of importance: Exhaustion	6/13/35

Was an operation performed? no Date of —

For what disease or injury?

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. L. Campbell M. D.
June 16 35 (Address) 1644 Edmondson

M. D. F 1265-9

Brockmeyer ✓ E 13585

HEALTH DEPARTMENT—CITY OF BALTIMORE

13585

CERTIFICATE OF DEATH X 117-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Brockmeyer

(a) Residence: No. Fern Ave. Md St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brockmeyer

6. DATE OF BIRTH (month, day, year) Jan. 9 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Maryland

MOTHER FATHER

13. NAME John Brockmeyer

14. BIRTHPLACE (city or town) (State or country) Unknown Unknown

15. MAIDEN NAME Eliza Fitch

16. BIRTHPLACE (city or town) (State or country) Balto. Maryland

17. INFORMANT Mary Brockmeyer (Wife)

(Address) Fern Hall Md.

18. BURIAL, CREMATION, OR REMOVAL

St. Josephs Cemtery Date June 18th 1935

19. UNDERTAKER Frederick Eastman & Sons

(Address) 1401 Belair Road

20. FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/11/ 1935 to 6/14/ 1935

I last saw h. alive on 6/14/ 1935 Death is said to have occurred on the date stated above, at 11 35 P.m.

The principal cause of death and related causes of importance were as follows:

Ruptured Pyelitis & Ulcer. — Date of onset

Other contributory causes of importance:

Pulmonary edema - Pneumonia - Terminal

Name of operation Closure of Perforated ulcer Date of 6/11/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. F. Wagenseller M. D.

(Address)

M. D. B. 1268-9

E 13586

12586

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4600 Glenarm Ave. St., 26 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Brundige

(a) Residence: No. 4600 Glenarm Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Milton C. Brundige, Sr.

6. DATE OF BIRTH (month, day, year) Dec. 21, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	723	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Anthony Ruth

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Milton C. Brundige, Sr.
(Address) 4600 Glenarm Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date June 17. 1935

19. UNDERTAKER Frederick Leonhardt
(Address) 7401 Belair Road

20. FILED JUN 16 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 14 1934 to June 14 1935
I last saw h[illegible] alive on June 13 1935. Death is said to have occurred on the date stated above, at 5:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1931

Other contributory causes of importance:

Myocardial insufficiency	April 1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin Bevan M. D.

(Address) 1 W. Eager [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 13587

13587

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 122-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hosp. St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles C Class

(a) Residence: No. Taylor Hill Road St., ... Ward. Balto. Co Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Goldie L. Class

6. DATE OF BIRTH (month, day, year) March 30, 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Truck farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md.

FATHER

13. NAME William Class

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Deeman

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Goldie L. Class

(Address) Lock Raven, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Johns Cem Date June 8, 1935

19. UNDERTAKER Fuchs Funeral Home

(Address) 7201 Belair Rd

20. FILED 16 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to June 15, 1935

I last saw h.. alive on June 15, 1935. Death is said to have occurred on the date stated above, at 2:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Fecal stercoral abdominal adhesions.	
2. Gangrene of small bowel	
3. Peritonitis.	

Other contributory causes of importance:

1. Intestinal obstruction
2. Terminal pneumonia

Name of operation Resection bowel Date of 6-9-35

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) W. Wagenseller, M. D.

(Address) ...

Spec.—1-12-23—M&T—500 Blks.

13588 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13588

56

CERTIFICATE OF DEATH.

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH
CITY OF BALTIMORE. (No. 1700 Carlton ave ST., 25 WARD)

2-FULL NAME Agnes Fytte

(a) RESIDENCE NO. 1700 Carlton ave ST., ... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female
4 COLOR OR RACE: Col
5 Single, Married, Widowed, or Divorced (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Fytte

6 DATE OF BIRTH (month, day, and year) Dec!

7 AGE: 46 (Years | Months | Days | If LESS than 1 day, hrs or min.)

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Innkeeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Va

PARENTS
10 NAME OF FATHER Autumn
11 BIRTHPLACE OF FATHER (city or town) (State or country): Va
12 MAIDEN NAME OF MOTHER Autumn
13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Robert Fytte 1700 Carlton ave

Filed 6-1935, 19 ..... Registrar Hunter Williams Jr

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 13 1935

17 I HEREBY CERTIFY, That I attended deceased from April-1-, 1935, to June 13, 1935
that I last saw h[illegible] alive on June 12, 1935
and that death occurred, on the date stated above, at 11.45 m.

The CAUSE OF DEATH* was as follows:
Acute Articular Rheumatism
(duration) yrs. 2 mos 1 3 ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? No Date of .....
Was there an autopsy? No
What test confirmed diagnosis? None

(Signed) W. T. Coleman, M. D.
June 14, 1935 (Address) 2039 McCulloh st

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Mt Calvary Cem
DATE OF BURIAL: 6/14/35
20 UNDERTAKER: Robert F. Williams
ADDRESS: 1515 McCulloh

M. D. P. 1268-9

F 13589

13589 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-C

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 2 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Widemann

(a) Residence: No. Ingtone, Orbutus, Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Lola E. Widemann

6. DATE OF BIRTH (month, day, year) 6/14/1885

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
44	11	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) 4/35

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Columbus Widemann

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Hospital Records.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Co. Date June 17, 1935

19. UNDERTAKER C. Arnould & Son

(Address) 3615-17 Edmondson Ave

20. FILED 6-17-1935 Huntington Pollitt, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/12/35, 19.., to 6/14/35, 19.. I last saw him alive on 6/14/35, 19.. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor.	
Brain abscess.	
Bronchopneumonia	
Other contributory causes of importance:	
Lung abscess.	
occipital Lobectomy of Brain	4/24/35

Name of operation Thoracotomy Date of 6/4/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond F. Hefrich, M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

13590 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 13590

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH Bon Secours Hospital 70 Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Shanahan

(a) Residence: No. 4 S. Pulaski St., Ward. (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Margaret L. Shanahan

6. DATE OF BIRTH (month, day, year): Aug 13, 1866.

7. AGE: Years 68 | Months 10 | Days 1 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired. 1961

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Police.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Phillip J. Shanahan

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (city or town) (State or country): Unknown.

17. INFORMANT: John P. Shanahan

(Address): 2156 Holline St.

18. BURIAL, CREMATION, OR REMOVAL: Mt. Carmel Cathedral Date June 17, 1935

19. UNDERTAKER: Thos. Foley & Son.

(Address) 3615-17 Chestnut Ave.

16 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7 . 1935 to 6-14 . 1935

last saw h/ M alive on 6-14 . 1935 Death is said to have occurred on the date stated above, at 1:00 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 6-9

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... , 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Reynold L. Shanahan M. D.

(Address) Bon Secours Hospital

M. D. B. 1268-9

✓ F 13591

13591

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 17 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Dock Williams

(a) Residence: No. 554 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary Williams

6. DATE OF BIRTH (month, day, year) ? 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. C.

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) S. C.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) S. C.

17. INFORMANT Mary Williams
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 6/16/35 19

19. UNDERTAKER Wm. George H. Holland
(Address) 1431 Druid Hill Ave

20. FILED 6 16 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 5/11/35. 19 to 6/13/35. 19

I last saw him alive on 6/13/35. 19. Death is said to have occurred on the date stated above, at 6 30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Carcinoma Liver	
Other contributory causes of importance:	
Diabetes Mellitus	

Name of operation Laparotomy Date of 6/13/35

What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh B. McNally, M. D.

(Address) University Hospital

13592 E 13592

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2524 E Hoffman St Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Ann Baird

(a) Residence: No. 2524 E. Hoffman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George Baird

6. DATE OF BIRTH (month, day, year) May 3- 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
74	1	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 35

11. Total time (years) spent in this occupation 47 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

MOTHER FATHER

13. NAME William Baker

14. BIRTHPLACE (city or town) (State or country) Copenhagen Denmark.

15. MAIDEN NAME Mary Ann Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Preston (niece)

(Address) 1014 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 18 35

19. UNDERTAKER John E. Miller

(Address) 2435 E. Oliver St

20. FILED Administrator's Office

16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to June 15, 1935

I last saw her alive on June 14, 1935 Death is said to have occurred on the date stated above, at 1245 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	45 d.
Hernia	5 d.
Bronchopneumonia	2 d.
Hypostatic	2 d.
Other contributory causes of importance:	
Chronic Interstitial Nephritis	45 d

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Microscopic Autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Thos F A Stevens M. D.

(Address) 2878 Stanford Rd

M. D. B. 1268-9

F 13593

HEALTH DEPARTMENT—CITY OF BALTIMORE

13593

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2022 N Calvert St., 12 Ward)

Unknown

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jesse F. Hubb Sr.

(a) Residence No. 2022 N Calvert St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
55	50			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna Railroad

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Castle Pa

FATHER

13. NAME Henry Hubb

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Jesse F Hubb Jr

(Address) New Castle Pa

18. BURIAL, CREMATION, OR REMOVAL

Place New Castle Pa Date June 16 1935

19. UNDERTAKER John L. Miller

(Address) 2435 E. Biddle St

FILED 16 1935 ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Myocardial Insufficiency	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) C. W. Dedenhover M. D.

Coroner

(Address)

CHARLES W. DIDENHOVER, M.D.

M. D. B. 1268-9

13594 ✓ F 13594

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital — Registered No. 59

CITY OF BALTIMORE: (No. Wilkens & Caton Ave) (St., Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Agnes Gunther

(a) Residence: No. 2816 Walker St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adam J. Gunther

6. DATE OF BIRTH (month, day, year) Oct 12 - 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Thomas Hartley

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Margaret Reis

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mrs. Adam J. Gunther (Address) 2816 Walker St

18. BURIAL, CREMATION, OR REMOVAL Place Cathedral Cem. Date 6/18/35 19

19. UNDERTAKER Geo. C. Zepp & Son (Address) 45 E. Lanvale St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 — 16 —, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 —, 1935 to June 16 —, 1935

I last saw her alive on June 16 —, 1935 Death is said to have occurred on the date stated above, at 5:25 a. m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus — Date of onset 1921

Other contributory causes of importance:

arteriosclerosis, Diabetic gangrene, Hypertension, Nephritis, chronic Thrombosis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Symond Kemp, M. D.

(Address) St Agnes Hosp.

M. D. B. 1268-9

13595

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

13595

124-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1803 Westphal Ave 24 Ward)

Length of residence in city or town where death occurred yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James P. Connolly

(a) Residence: No. 1803 Westphal Place St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
RUSBAND of (or) WIFE of Late Geneva Connolly

6. DATE OF BIRTH (month, day, year) Jan 13-1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retiree Retired 08

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Edward Connolly

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary McManus

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT George Connolly
(Address) 204 E Barney St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem Date 6/17/35

19. UNDERTAKER Geo. E. Boyd & Son
(Address) 512 Eutaw St

20. FILED JUN 15 1935 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1 1935 to June 14 1935

I last saw him alive on June 13 1935. Death is said to have occurred on the date stated above, at 1.35 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver (Non alcoholic)	Indefinite
Other contributory causes of importance: Exhaustion	6/13/35

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If specified, how?

6/15/35 (Signed) R. F. Campbell M. D.
(Address) 1644 Hanover St.

M. D. R. 1268-9

13596 30036 ✓ F 13596

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 78

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mina Ott

(a) Residence: No. Washington & Gladys St., Ward. Lansdowne Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 4-20-30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

MOTHER FATHER

13. NAME Charles Ott

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Clara Halmes

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 18, 1935

19. UNDERTAKER Edward Faulcon

(Address) Ward & Reed Huntington Williams, N.Y.

20. FILED JUN 15 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to June 14, 1935

I last saw her alive on June 14, 1935 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Streptococcus septicemia	6/5/35
Burns abscess ?	
	over

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Clarence E. Clark M. D.

(Address) Johns Hopkins Hosp

Z. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13597

CERTIFICATE OF DEATH

Registered No. 216-M

1. PLACE OF DEATH: Maryland General Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME: Miss Jane Furlong

(a) Residence: No. 711 St Paul St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (Write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Unknown

7. AGE: Years: 55-60? Months: (Unknown) Days: ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 0 8 7

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (City or county) (State or country): Ireland

13. NAME: Patrick Furlong

14. BIRTHPLACE (city or county) (State or country): Ireland

15. MAIDEN NAME: Margaret Lacey

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Jane P Doyle (Address) 6300 Old Frederick Rd

18. BURIAL, CREMATION, OR REMOVAL: Cemetery Co ..... Date 6/17/35

19. UNDERTAKER: Leonard J Finch (Address) 5116 Harford Rd

20. FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/14/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw her alive on 6/14/35 19 ..... Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 6/11 19 35

Where did injury occur? Park Ave near Madison (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public

Manner of injury Struck by auto while

Nature of injury Crossing street

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Fuller Barker Auto M. D.

(Address) 5116 Paul Pl Balto

M. D. B 1268-9

13598 F 13598

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6014 Harford Rd. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Bettien

3. (a) Residence: No. Fort Barrancas, Florida St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) Agnes Bettien

6. DATE OF BIRTH (month, day, year) July 17, 1884

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	11	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Soldier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Army

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER FATHER

13. NAME Father Bettien

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Agnes Bettien
(Address) 6014 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL [illegible] Date 6/19 19[illegible]

19. UNDERTAKER Leonard Mayer
(Address) 2305 E. Lafayette

[illegible] 1935 Huntington Williamson, W. Va. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Wheyler, M. D. Coroner

(Address) 1919 E. North Ave

M. D. B. 12618

F 13599

F 13599

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 10 Ward)

Length of residence in city or town where death occurred 80 yrs. 10 mos. 0 ds. How long in U. S. If of foreign birth 80 yrs. 10 mos. 0 ds.

2. FULL NAME Margaret C. Wiedefeld

(a) Residence: No. 914 E. Chase St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

no war service

Resident

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
F.	W.	Widowed

5a. If married, widowed or divorced BUSBAND of (or) WIFE of Henry C. Wiedefeld late

6. DATE OF BIRTH (month, day, year) Aug. 15-1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
abt.	80	10	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Ennis Sullivan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Fusty

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT H. A. Wiedefeld

(Address) 914 E Chase St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 17, 19 35

19. UNDERTAKER Stewart Morris Co.

(Address) 108 W Monument

FILED JUN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1935, to June 15, 1935

I last saw her alive on June 15, 1935 Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rt. Lobar pneumonia. Calculus of submaxillary gland	1 dy 1 dy.
Other contributory causes of importance: Senile dementia Arterio-sclerosis	4 wks 2 yrs ?

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damon P. Clayton M.D.

(Address) 3326 Frederick Ave.

M. D. R. 1268-8

F 13600

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13600

CERTIFICATE OF DEATH

✓133

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 45 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucie Jordan

(a) Residence: No. 1430 Preston ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	widowed

3a. If married, widowed, or divorced, HUSBAND of (or) WIFE of William Jordan

6. DATE OF BIRTH (month, day, year) 10/10/1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
74	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 2070

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) St Marys County Md.

FATHER

13. NAME Henry Marshall

14. BIRTHPLACE (city or town) (State or country) ? Md

MOTHER

15. MAIDEN NAME Jane Wise

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Balto City Hospt (Address) Records

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date 6/17/ 1935

19. UNDERTAKER Thomas E. Kelson (Address) 1303 Prestman St

20. FILED JUN 17 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21 1935 to 6-13 1935

I last saw h[illegible] alive on 6-12 1935 Death is said to have occurred on the date stated above, at 330 a m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis, Left	2 mos
Other contributory causes of Importance: Uraemia	4 days

Name of operation none Date of

What test confirmed diagnosis? Blood Urea Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt F. Manthey M. D.

(Address) Balto. City Hospt Balto. Md.

F 13601

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13601

CERTIFICATE OF DEATH

93-D

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Adella Parks.

If U. S. Veteran specify WAR

(a) Residence: No. 556 Wilson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Soulon.

6. DATE OF BIRTH (month, day, year) 3/14/1900.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0487

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Negakiah Callyhman

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Martha Camel.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date 6/18 35 19

19. UNDERTAKER Thos E. Kelson
(Address) 1303 Presstman St

20. FILED JUN 17 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/12 . 1935 to 6/14 . 1935

I last saw her alive on 6/14 1935 Death is said to have occurred on the date stated above, at 3:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	2 wks
Other contributory causes of importance:	over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify

(Signed) Robert A Reuter . M. D.

(Address) Balto City Hosp

M. D. B. No. F 13602

F 13602

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Frederick Ave St., 20 Ward)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Christine Etze. no military service

(a) Residence: No. 3216 Frederick Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William Etze.

6. DATE OF BIRTH (month, day, year) June 12-1861

7. AGE: Years 74; Months —; Days 3; If LESS than 1 day, ...hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

FATHER

13. NAME: John Morsberger

14. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER

15. MAIDEN NAME: Adelia Stadtler

16. BIRTHPLACE (city or town) (State or country): N. J.

17. INFORMANT: Mr James J. Etze

(Address) 3011 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17, 1935

19. UNDERTAKER: John Meerick

(Address) 2008 Orleans St

20. FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1933 to June 13, 1935

I last saw h... alive on June 13, 1935 Death is said to have occurred on the date stated above, at 11 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — 4

Contributory causes of importance: Senile Debility — 6/10/3

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James F. Knight M. D.

6/16/35 (Address) 720 Madison Ave

M. D. B. 1368-B

F 13603

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13603

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 139 S. Clinton St., 76 Ward)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas M. Harrison

(a) Residence: No. 139 S. Clinton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Katherine Harrison

6. DATE OF BIRTH (month, day, year) Mar 5th 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	3	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

FATHER

13. NAME Thomas M. Harrison

14. BIRTHPLACE (city or town) (State or country) City

MOTHER

15. MAIDEN NAME don't know

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Kennedy
(Address) 139 S. Clinton St

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Date June 17 1935

19. UNDERTAKER John A. Moran
(Address) 500 E. Baltimore St.

20. FILED 6-17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 35 to June 14 1935

I last saw him alive on June 14 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Cardiac Dilatation — Date of onset

duration 2 months

Other contributory causes of importance:

Myocardial Insufficiency

Mitral & Aortic Regurg.

duration from childhood

Name of operation None Date of

What test confirmed diagnosis Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Nature of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, state how

(Signed) D. V. Kelly M. D.

(Address) 100 N. Longwood Ave

M. D. P. Fcs-9 F 13604

F 13604

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF ~~DEATH~~ Hospital

1. PLACE OF DEATH Baltimore City Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Robbins

(a) Residence: No. 1104 N Parrish St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Col

5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 14, 1911

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
23	24	11	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME 2

14. BIRTHPLACE (city or town) (State or country) 2

MOTHER

15. MAIDEN NAME Lucy Rachel

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT (Address) Hospital Records

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Zion Cem. Date June 17 1935

19. UNDERTAKER (Address) Adolphus Halstead 9782 Hillsdale

20. FILED JUN 17 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14 35

22. I HEREBY CERTIFY, That I attended deceased from May 3 35 to June 14 35

I last saw her alive on June 14 35 and she died at 9:45 PM

to have occurred on the date stated above, at 9:45 PM

The principal cause of death and related causes of importance were as follows:

Pellagra — Date of onset [illegible]

Other contributory causes of importance: Broncho-pneumonia 6/10/35

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bonnell H Grant M. D.

(Address) Balto City Hosp

F 13605

F 13605

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 48

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 11 Ward)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Martha Williams.

(a) Residence: No. 1208 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David. 1853

6. DATE OF BIRTH (month, day, year) 3/19/~~1857~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
52 ~~77~~	3 yr	9 yrs	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none. ~~Odd~~

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Car.

FATHER

13. NAME Ora Aiken.

14. BIRTHPLACE (city or town) (State or country) N. Car.

MOTHER

15. MAIDEN NAME ? Mitchell.

16. BIRTHPLACE (city or town) (State or country) N. Car.

17. INFORMANT Rennie Bell.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date June 17, 35

Place Mt Zion Cem Baltimore Md.

19. UNDERTAKER Robbins Funeral Home.
(Address) 623 Dallas Ave.

FILED 6 17 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1935, to 6/14, 1935

I last saw h[illegible] alive on 6/14 1935. Death is said to have occurred on the date stated above, at 9 22 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration
Carcinoma of Cervix	6 wks
& metastasis	
Bronchopneumonia.	1-2 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. Form 4

F 13606

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13606

131

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Aged Womens Home

CITY OF BALTIMORE: (No. 1404 W Lexington St., 19 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E Robb

(a) Residence: No. 1404 W Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Oct 7, 1854

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 60 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME John A Robb

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary E Bull

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mary E Forstal

(Address) 1404 W Lexington

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 7, 1935

19. UNDERTAKER Herron Mehrer

(Address) 50 Edmondson Ave

20. FILED JUN 17 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 7, 1933 to June 15, 1935.

I last saw her alive on June 14, 1935. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

Date of onset

Other contributory causes of importance:

Arteriosclerosis
Nephritis Chronic.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edwin B Jones, M. D.

(Address) 1115 St Paul St

M. D. F 13607 F 13607

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME ± 2 Twin Foster Fenn

(a) Residence: No. 4210 Wickford Road St. ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 9-35

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or 30 min.
—	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Dr. Frank Fenn

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Cleo Rockwell

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT (Address) Mother

18. BURIAL, CREMATION, OR REMOVAL Place Carnegie Laboratory 19

19. UNDERTAKER Embalmer (Address)

20. FILED ... 19 ... Registrar

JUN 17 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935 to June 1935

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Prematurity - 6 months term — Date of onset

Pregnancy interrupted by eclampsia

Acute hydramnios.

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Thos. G. Murray Jr. M. D.

(Address) 4 East Chase Street

M. D. B. 120

F 13608

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13608

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Womens Hospital St., 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Infant Fortus Fenn

(a) Residence: No. 4210 Wickford Road St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 9 - 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
				8

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Don Frank Fenn

14. BIRTHPLACE (city or town) (State or country) Illinois

MOTHER

15. MAIDEN NAME Cleos Rockwell

16. BIRTHPLACE (city or town) (State or country) Kansas

17. INFORMANT .....
(Address) Nurse

18. BURIAL, CREMATION, OR REMOVAL
Place Carnegie Lab Cemetery

19. UNDERTAKER Ruby Coleman.
(Address)

20. FILED ... 19... ... Registrar.

JUN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 9, 35

22. I HEREBY CERTIFY, That I attended deceased from June 9 to 1935, 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6 months intra uterine pregnancy interrupted	
Other contributory causes of importance: Medical of acute bronchitis.	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) John G. Murray Jr. M. D.

(Address) 9 Cleo Chadwick

F 13609 F 13609

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1728 No. Chester St St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Laura Louise Witt

(a) Residence: No. 1728 No. Chester St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Witt

6. DATE OF BIRTH (month, day, year) Sept. 11. 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Geo. P.D. Brice

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cordelia Merryman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT (Address) Mrs. L.L. Strauss 1728 No. Chester St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17 1935

19. UNDERTAKER Lon Dickson + Sons (Address) North + Pierce Sts

JUN 17 1935 Washington, D. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 13 1935

22. I HEREBY CERTIFY, That I attended deceased from January 17 1934 to June 13 1935

I last saw her alive on June 12 1935. Death is said to have occurred on the date stated above, at 8 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	2 yrs
Chronic Interstitial Nephritis	5 yrs
Arterial Hypertension	10 yrs
Other contributory causes of importance:	
Cardiac Dilatation	4 days
Uremia	10 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Albert Cassard M. D.

(Address) 1010 E. North Ave

M. D. B. 1268-0 **F 13610** **F 13610**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial St., 15th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 45 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Joseph Brooks

(a) Residence: No. 3413 Carlisle Ave St., Baltimore Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Brooks

6. DATE OF BIRTH (month, day, year) Dec 19 1844

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemical Business

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired 1915

10. Date deceased last worked at this occupation (month and year) 1910

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Benedict Joseph Brooks

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Sarah Dennis

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. Charles C. J. Brill

(Address) 3413 Carlisle Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 17, 1935

19. UNDERTAKER Wm. J. Fetner & Sons

(Address) North & Pennsylvania Ave.

20. FILED June 17 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 14, 1935.

I last saw him alive on June 14, 1935. Death is said to have occurred on the date stated above, at 8:50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	?
Uremia	6-11-35

Other contributory causes of importance:

Arteriosclerosis, general	?
Arteriosclerotic heart disease	?
Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

F 13611

M. D. B. F 13611

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William O'Neill

(a) Residence: No. 1415 N. Bond St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 21-1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 Years	—	17 days	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

FATHER

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Michael O'Neill

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary Fitzpatrick

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Salley Johnston (Sister)

(Address) 1415 N. Bond Street

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date June 18, 1935

19. UNDERTAKER George Ruth Engstrom

(Address) 1735 Maryland Ave

20. FILED 17 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1928 to June 14, 1935

that I saw him alive on June 14, 1935 Death is said to have occurred on the date stated above, at 4.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial decompensation	2 days
Chronic Passive Congestion	" "
Other contributory causes of importance:	
Dementia Precox	40 yrs
Arterio sclerosis.	?
Epileptic convulsions.	?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Gregory P. Glavin M.D.

(Address) 3316 Fordham Rd

M. D. B. 1258-9

F 13612

F 13612

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Hudson St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bertha Ellen Law

(a) Residence: No. 3726 Hudson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles E. Law

6. DATE OF BIRTH (month, day, year) June 19, 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Frank Wilhelm

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Ellen Wilhelm

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Charles E. Law
(Address) 3726 Hudson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Lawn Date June 18 1935

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

[illegible] 17 1935 [illegible] Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to June 15, 1935.

I last saw h[illegible] alive on June 15, 1935. Death is said to have occurred on the date stated above, at 1.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca Sarcoma Uterus.	?

Other contributory causes of importance:

Cachexia

Name of operation Hysterectomy Date of Feb 20

What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2434 Eastern Ave

F 13613

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13613

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2916 Elliott St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Sarah E. Waters

(a) Residence: No. 2916 Elliott St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Waters

6. DATE OF BIRTH (month, day, year) Nov. 24- 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	6	22 21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT Catherine Matzdorf

(Address) 2916 Elliott St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem. Date June 18. 1935

19. UNDERTAKER George W. Sinkler

(Address) 1757 E. Eager St.

20. FILED JUN 17 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from April, 1935, to June 15, 1935

I last saw h alive on June 15, 1935 Death is said to have occurred on the date stated above, at 10:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardiovascular disease	3 yrs.
Apoplexy	3 yrs
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation None - Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jerome J. Leyko, M. D.

(Address) 2021 Eastern Ave.

M. D. B. 1268-9

F 13614

F 13614

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1741 E. Preston Street St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. 0 mos. 15 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward P. Clautice

(a) Residence: No. 1741 E. Preston Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith E. Clautice

6. DATE OF BIRTH (month, day, year) May 30, 1885

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
50	0	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Agt.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Prudential L.I.Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME William Clautice

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Dolly Watkins

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mr. Milton Watkins 1430 N. Gay Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 6-18 19 35

19. UNDERTAKER (Address) [illegible]

20. FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-35

22. I HEREBY CERTIFY, That I attended deceased from 6-1-35 to 6-15-35

I last saw h..... alive on 6-15-35 at 2:10 A. M. Death is said to have occurred on the date stated above, at ..... M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-13-35
Arteriosclerosis	
Hypertension	

Other contributory causes of importance:

Hypertension

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

NO If so, specify .....

(Signed) ..... M. D.

(Address) 600 N. Wolfe St.

M. D. B. 1268-9

F 13615 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13615

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rachael Cardish

(a) Residence: No. 936 Whitelock St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Abraham Jacob Cardish

6. DATE OF BIRTH (month, day, year): Not Known

7. AGE: Years 83; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home Duties 0000
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

13. NAME Sager Solomon

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME Evay

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT Sam Cardish
(Address) 936 Whitelock

BURIAL, CREMATION, OR REMOVAL
Place Greenlawn Date 6/19/35 19

UNDERTAKER Jos. Levy & Sons
(Address) 1722 E. Baltimore St

FILED 6/19/35 Huntington Pikesville Md. Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:15 A. m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Hypertensive Chronic Nephritis

Other contributory causes of importance:

Cardiac Failure

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B 1268-9

F 13616

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13616

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1015 Argyle Ave St., 47 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Jerg Harrod

(a) Residence: No. 1015 Argyle Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 29-1934

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baby

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME New Harrod

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Helen Brown

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Helen E Brown

(Address) 1015 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Lion Date June 17 . 1935

19. UNDERTAKER Joseph A Lucy

(Address) 409 Myrtle Ave Fort Huntington Wilmington N.C.

FILED JUN 17 1935 . 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14-35 to 6-14 . 1935

I last saw him alive on 6-14 . 1935 Death is said to have occurred on the date stated above, at 12 00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/12/35

Other contributory causes of importance:

—	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo C Allen M. D.

Coroner

(Address) 507 Cathedral St

M. D. B 1268-9

F 13617

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13617

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bessie Mae Snowden

(a) Residence: No. 1524 Druid Hill Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed or divorced
HUSBAND of
(or) WIFE of Jesse Snowden

DATE OF BIRTH (month, day, year) 5/15/1898

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	37	1	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Westminster Md.

13. NAME Edward Bursis

14. BIRTHPLACE (city or town) (State or country) Westminster Md.

15. MAIDEN NAME Annie Jones

16. BIRTHPLACE (city or town) (State or country) Westminster Md.

INFORMANT Jesse Snowden
(Address) 1524 Druid Hill Ave

BURIAL, CREMATION, OR REMOVAL
Place Lorraine Park Cem Date 6/18/35
UNDERTAKER Chas H. Foster & Co.
(Address) 1711 1935 Huntington Williams
FILED ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1935 to 6-15-1935

I last saw her alive on 6-15-1935. Death is said to have occurred on the date stated above, at 9:00 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Disease (Myocarditis & Nephritis	5/11/35
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, ...

(Signed) Geo. J. Allen M. D.
Coroner

(Address) 50 Marshall St

M. D. B. 1268-9

3618 **HEALTH DEPARTMENT—CITY OF BALTIMORE** RE 13618

CERTIFICATE OF DEATH

Registered No. 131

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah Singer
(a) Residence: No. 2812 Ulman ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1894 ~~1897~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41 ~~35~~			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Louis Singer

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Rose

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Mrs. L. Greenhood
(Address) 2812 Ulman Ave

BURIAL, CREMATION, OR REMOVAL
Place Washington Rd Date June 17, 1935

UNDERTAKER Sol Levinson & Bros
(Address) 1 E. Baltimore St.

FILED JUN 17 1935, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 4:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Adenoma of Pituitary Gland	one year
Hypertension	
Chronic Nephritis	

Other contributory causes of importance:
Cardiac Failure

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did Injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Paul Wheeler M. D. Coroner
(Address) 1919 E. North Ave.

Spec.—9 30—A. & Co.—250 Bks.

F 13619

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13619

CERTIFICATE OF DEATH.

✓ 85

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1307 Bayard ST 21 WARD)

2-FULL NAME Charity Gertrude Simms

(a) RESIDENCE NO. 1307 Bayard ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 29 yrs. 5 mos. 9 ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Fe	Col	single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6 DATE OF BIRTH (month, day, and year) 11/7/06

7 AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29	5	9	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer) 807

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Nicholas Simms

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va born

12 MAIDEN NAME OF MOTHER Hattie Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Montgomery Co Md

14 Informant Hattie Simms
(Address) 1420 Carrie St

15 Filed 11 7 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 13 '35

17

I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to June 13, 1935

That I last saw h alive on June 13, 1935

and that death occurred, on the date stated above, at 1245 P. m.

The CAUSE OF DEATH* was as follows:

Epilepsy

(duration) Several years yrs. mos. ds.

CONTRIBUTORY (Secondary) Not determined

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D H Carroll M. D.

6/11/1935 (Address) 1090 Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Auburn — DATE OF BURIAL June 17, 1935

20 UNDERTAKER Mrs. Katie R. Williams — ADDRESS 322 N. Schroeder St

M. F. 13 F 13620

HEALTH DEPARTMENT—CITY OF BALTIMORE F 13620

CERTIFICATE OF DEATH

✓ 110

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Anthoney Youse

(a) Residence: No. 332 S. Stricker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Oct 5, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wagon Builder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 900

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Youse

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Mary Werb

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT Mrs Elizabeth Stearns

(Address) # 107 S. Poppleton St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/ 18/ 1935

UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins St,

FILED 6 17 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/ 15/ 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19.... Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Alcoholism	?
Emphysema of Lungs	

Other contributory causes of importance:

Spontaneous Pneumothorax (Right)	1930

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so specify

(Signed) Paul Schenken Coroner, M. D.

(Address) 1919 E. Baltimore Ave

M. D. B. F 13621 F 13621

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1618 Guilford Ave St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Marie Hasson

(a) Residence: No. 1618 Guilford Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Patrick Hasson

6. DATE OF BIRTH (month, day, year) Unknown 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Paris

FATHER

13. NAME John Moussez

14. BIRTHPLACE (city or town) (State or country) Paris

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Paris

17. INFORMANT Patrick Hasson
(Address) #1618 Guilford Ave

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 6/19/ 1935

19. UNDERTAKER John J. Cowan & Son
(Address) 901 Hollins Street

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/ 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to June 16 1935

I last saw her alive on June 16 1935 Death is said to have occurred on the date stated above, at 7.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis Left Middle Cerebral Artery	5/8/35
Other contributory causes of importance: Arteriosclerosis and Hypertension	?

Name of operation no Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) William R. Straight M. D.

(Address) 1 E. Biddle St

F 13622

F 13622

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Bertha Jenkins.

(a) Residence: No. 840 Harford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank. 1890

6. DATE OF BIRTH (month, day, year) 5/5/~~1890~~

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45 ~~50~~.		8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~20~~ 30

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wash. DC.

MOTHER FATHER

13. NAME Henry Williams ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Rebecca Thomas

16. BIRTHPLACE (city or town) (State or country) Wash D.C.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place MT Calvary Date 6/17 19 35

19. UNDERTAKER Rayner Sanders

(Address) 1413 E Preston St

20. FILED JUN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/9 1935 to 6/13 1935

I last saw her alive on 6/13 1935. Death is said to have occurred on the date stated above, at 2 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative colitis	2 mo

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

13623

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13623

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3204 White Ave) (Ward 27)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Helen R. Buck

(a) Residence: No. 3204 White Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed or Divorced~~ (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Dec 5th 1848

7. AGE: Years 86 | Months 6 | Days 9 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto City

10. Date deceased last worked at this occupation (month and year): 1906

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: John Buck

14. BIRTHPLACE (city or town) (State or country): Unknown

15. MAIDEN NAME: Sarah R. Crouse

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): N. Irvin Gressitt 2700 N. Charles St

18. BURIAL, CREMATION, OR REMOVAL: Place Greenmount Date June 17th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: Huntington Williams M.D.

1835

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/10, 1932, to 6/14, 1935. Death is said I last saw her alive on 6/14, 1935, at 12 P m. to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Angina Pectoris — Date of onset 1932

Other contributory causes of importance:

Endocarditis — 1934

Myocarditis — 1934

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Abram B. Wallace M.D.

(Address) 1031 St Paul St

M. D. B. 1269-9

F 13624

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13624

CERTIFICATE OF DEATH

95-8

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 18 Ward)

Length of residence in city or town where death occurred 5 yrs. Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Chas. Culver

(a) Residence: No. 1031 W Lombard St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W.

5. Single, Married, Widowed, or Divorced (write the word): Widower

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Maggie E. Culver

6. DATE OF BIRTH (month, day, year): Jan. 9 1857

7. AGE: Years 78; Months 5; Days 5; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: B & O. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Charles Culver

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Adaline Burton

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT: Rebbie M. Hamilton

(Address) 1031 W. Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place: London Park Date: 6/17/35 19

19. UNDERTAKER: Frederick A. Old

(Address) [illegible] Lombard St

[illegible] Lexington Millbrook Reg.

20. FILED JUN 17 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6 14 35 19

22. I HEREBY CERTIFY, That I attended deceased from 6 12-35 19 to 6 14 35 19

I last saw h alive on 6-14 35 19 Death is said to have occurred on the date stated above, at 5 30 P m.

The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure — Date of onset [illegible]

Other contributory causes of importance: Hypertension Cardiovascular Renal Disease

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

M. D. P. 1268-9

✓F 13625

13625

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ruby Gail Stokes

(a) Residence: No. 933 Saratoga St St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	black	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 28, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore md

FATHER

13. NAME Silas Stokes

14. BIRTHPLACE (city or town) (State or country) Baltimore md

MOTHER

15. MAIDEN NAME Lucy Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore md

17. INFORMANT Mrs Lucy Stokes (mother)

(Address) 933 Saratoga St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 17 1935

19. UNDERTAKER

(Address)

20. Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1935 to June 12 1935

I last saw h alive on June 12 1935 Death is said to have occurred on the date stated above, at 11 20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	May 28

Other contributory causes of importance:

bronchio pneumonia	June 9

Name of operation ... Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Elizabeth S. Laughlin M. D.

(Address) Baltimore City Hospital

M. D. B. 1268-9

F 13626

13626

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Baltimore City Hospitals St., [illegible] Ward)
Registered No. 48
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lessie Smith
(a) Residence: No. 1007 Bennett Place Ward
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jonah Smith

6. DATE OF BIRTH (month, day, year): Jan 17, 1903

7. AGE: Years 35 | Months 7 | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year): 3/37
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER
13. NAME: James Thomas
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Martha Jones
16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place St Peters Cem Date 6/18 1935

19. UNDERTAKER: Thomas E. Nelson
(Address) 1303 Presstman St

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 14 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8 1935 to June 14 1935
I last saw h[illegible] alive on June 14 1935 Death is said to have occurred on the date stated above, at 7:20 Pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Epidermoma of Cervix uteri	1934
Other contributory causes of importance: Diabetes-pneumonia	6/12/35

Name of operation None Date of
What test confirmed diagnosis Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? [illegible] Date of Injury [illegible] 19[illegible]
Where did Injury occur? (Specify city or town, county, and State)
Specify whether Injury occurred in Industry, In home, or in public place
Manner of Injury
Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify
(Signed) Samuel E. Gant M. D.
(Address) Balto City Hosp

M. D. B 1268-9

13627 ✓ F 13627

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 13 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Buckingham

(a) Residence: No. 1524 Clifton Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 14, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or 44 min.
	0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) None

11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Herman Brown

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Mary Buckingham

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mary Buckingham (Mother)
(Address) 1524 Clifton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 17, 1935

19. UNDERTAKER
(Address)

20. FILED Jun 17 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/14/35, 19... to 6/14/35, 19...

I last saw her alive on 6/14/35, 19... Death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of Importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Elizabeth L. Langelutting, M. D.

(Address) Baltimore City Hospital

M. D. P. 1268-9

✓ F 13628

13628 HEALTH DEPARTMENT—CITY OF BALTIMORE

45-E

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt 3 Ward)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Breen

(a) Residence: No. 408 S. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	widowed

5a. If married, widowed, or divorced RUSBAND of (or) WIFE of Carrie Breen

6. DATE OF BIRTH (month, day, year) May 30, 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	0	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 6040

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Virginia

FATHER

13. NAME Silas Breen

14. BIRTHPLACE (city or town) (State or country) unknown Virginia

MOTHER

15. MAIDEN NAME Mary (?)

16. BIRTHPLACE (city or town) (State or country) ? (?) Va

17. INFORMANT Balto City Hospt. Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 17, 1935

19. UNDERTAKER .....
(Address)

JUN 17 1935 Huntington Williams, Dir. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-12 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1935 to 6-12 1935

I last saw him alive on 6-12 1935 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Hard Palate	(?)
Bronchopneumonia	4 days

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? none Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph J. Martin M. D.

(Address) Balto. City Hospt.

13629

F 13629

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., W Ward)

Length of residence in city or town where death occurred 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

U. S. Veteran (Specify WAR .....

2. FULL NAME Vincent Abrams (ABRAMOWICZ)

(a) Residence: No. 717 S. Bond. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna.

6. DATE OF BIRTH (month, day, year) Sept 15 ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52 ?	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Paul

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Anna Prondy

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Daughter.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place St Stanislaus Date June 18 1935

19. UNDERTAKER George L Weber
(Address) 706 S Ann st

FILED Huntington Williams N.Y.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935, to 6/15, 1935

I last saw him alive on 6/15, 1935 Death is said to have occurred on the date stated above, at 1:50 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	8-10

Other contributory causes of importance:

Was an operation performed? Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19 ....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

13630 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13630

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1009 S. East Ave St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Aniela Marszalek

(a) Residence: No. 1009 S. East Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) June, 14th/1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
0	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Bernard Marszalek

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Stanislawa Kotowski

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Bernard Marszalek

(Address) 1009 S. East Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 17 1935

19. UNDERTAKER Geo. A. Weber

(Address) 700 S. Caroline St

20. FILED 7/1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 15th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935, to June 15, 1935.

I last saw her alive on June 15, 1935. Death is said to have occurred on the date stated above, at 4:20 p.m.

The principal cause of death and related causes of importance were as follows:

Congenital Cardiac Disease — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Andrew Newcomer, M. D.

(Address) 2529 Eastern Ave.

M. D. B. 1268-9 **F 13631** ✓ **F 13631**

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3219 Alameda St., 9 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 65 yrs. 7 mos. 4 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Margaret Ellen Jelles

(a) Residence: No. 3219 Alameda St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 12 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleslady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Department Store
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation 26 Yrs

12. BIRTHPLACE (city or town) Balto Md
(State or country)

FATHER

13. NAME Cincinatus Jelles
14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Margetta Jelles
16. BIRTHPLACE (city or town) Balto Md
(State or country)

17. INFORMANT Albert P Jelles
(Address) 3219 Alameda Blvd

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date June 19th 1935

19. UNDERTAKER Geo Schilling & Sons
(Address) Arlington & Gwynn Oak Ave

20. FILED JUN 17 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933 to June 16 1935
I last saw her alive on June 16 1935 Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia - (Chr. Nephritis) - (questionable Hypernephroma)	June 14 '35
cardio - vascular - renal	Oct 1933
Other contributory causes of importance:	
arterial Hypertension - Diverticulosis	Oct 1933

Name of operation Exploratory Laparotomy Date of Jan 1934

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) Louis C Krumen M. D.

(Address) 722 N. Broadway

13632

F 13632

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Spence

(a) Residence: No. 717 W. Franklin st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lenwood Spence

7. DATE OF BIRTH (month, day, year) March 15, 1913

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	22	2	25	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

13. NAME Thomas Gordey

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Easter Lewis

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md. Date June 17 1935

19. UNDERTAKER .....

(Address) .....

FILED 7 1935 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 10 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25 1935 to June 10 1935

I last saw her alive on June 10 1935. Death is said to have occurred on the date stated above, at 1 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr 27, 1935

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Meyer W. Jacobson M. D.

(Address) Balto City Hospital

AACo. 5-31 2508

F 13633

3633

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N Smallwood St., ... Ward)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U.S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Connie Elizabeth Snyder

(a) Residence: No. Same St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of John M Snyder

7. DATE OF BIRTH (month, day, year) Oct 15 1856

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	78	7		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME John Schniefer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Barbara Fleischman

16. BIRTHPLACE (city or town) (State or country) Penn

17. INFORMANT Mary E Reed

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Pt Richmond Date June 18 1935

19. UNDERTAKER J. L. Bell & Son

(Address) 156 N. Smallwood

20. FILED 7-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 15, 1935, that I last saw her alive on June 14, 1935, death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Dementia (Arteriosclerosis) Cerebral Hemorrhage	

Other contributory causes of importance:

Uremia	June 12

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Joseph Siegler M. D.

(Address) 2348 Eutaw Place

M. D. B. 1268-9

13634 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13634

CERTIFICATE OF DEATH

124-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MICHAEL ECKERT.

(a) Residence: No. 711 W BALTIMORE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chemist (Bact)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME George Eckert

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Neff

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 17 1935

19. UNDERTAKER

(Address)

FILED 7 1935 (Signature.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/12/35 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1935 to 6-12 1935.

I last saw h/M alive on 6-12 1935. Death is said to have occurred on the date stated above, at 7 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
WILSONS SYNDROME (LENTICULAR DEGENERATION & ASSOCIATED CIRRHOSIS OF THE LIVER.)	?

Other contributory causes of importance:

Name of operation SPLENECTOMY Date of 6-11

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hurst Fox M. D.

(Address) University Hospital

M. D. B. 1268-9

F 13635

13635

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Whitepark Apts. 13

CITY OF BALTIMORE: (No. Whitelock St. ; Park Ave. Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 50 yrs. ... mos. ... ds.

2. FULL NAME Emil Bernstein 2200 Park Ave

(a) Residence: No. Whitepark Apts. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara W. Bernstein

DATE OF BIRTH (month, day, year) Aug 24, 1869

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65	9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Joseph Bernstein

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Johanna Lieser

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Clara W. Bernstein

(Address) Whitepark Apts.

BURIAL, CREMATION, OR REMOVAL

Place Jacksonville, Fla. Date June 18 19 35

UNDERTAKER Hurd Sondheim & Son

(Address) 1902 Eutaw Place

FILED 7 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from December ... 193- to June 17 ... 1935

I last saw him alive on June 17, 1935. Death is said to have occurred on the date stated above, at 1 a.m.

The prinripal cause of death and relatel causes of importance were as follows:

	Date of onset
Arteio-sclerosis	7 yrs
Other contributory rauses of importance:	
Coronary thrombosis	6 mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violenre) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public plare .....

Manner of Injury .....

Nature of injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Leck M. D.

June 17 1935 (Address) Temple Garden Apts.

M. D. P. 1268-9

F 13636

13636

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1839 W Fayette St., 70 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Ella G. Curley

(a) Residence: No. 1839 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Joseph P Curley

6. DATE OF BIRTH (month, day, year): Sept 7 1887

7. AGE: Years 47 | Months 8 | Days 29 28 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 603

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Ireland

13. NAME: Patrick Leary

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Elizabeth Murphy

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Joseph V Curley

(Address): 1839 W Fayette

18. BURIAL, CREMATION, OR REMOVAL

Place: Catholic Cem Date: 6/18/35

19. UNDERTAKER: Engel & Turley

(Address): Lemmon & Fayette

FILED: 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to June 15, 1935

Last saw h[illegible] alive on June 14, 1935 Death is said to have occurred on the date stated above, at 9 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of rectum	?

Other contributory causes of importance:

Name of operation Laparotomy Date of June 25

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Andrew E. Calas M. D.

(Address) 47 Fulton

F 12637

3637 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 2937 W. North Ave 15 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR No

2. FULL NAME Joseph B. Claridge
(a) Residence: No. 2937 W. North Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single~~ Married, ~~Widowed, or Divorced~~ (write the word): Married
6. If married, ~~widowed or divorced~~ HUSBAND of ~~(or WIFE of)~~ Euphamy M. Claridge
7. DATE OF BIRTH (month, day, year) July 12 1866
8. AGE: Years 68; Months 11; Days 4; If LESS than 1 day, hrs. or min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ship Chandler
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
11. Date deceased last worked at this occupation (month and year) 1925
12. Total time (years) spent in this occupation 25
13. BIRTHPLACE (city or town) (State or country) Balto Md.
14. NAME James R. Claridge
15. BIRTHPLACE (city or town) (State or country) Eastport Maine
16. MAIDEN NAME Fannie R. Whipple
17. BIRTHPLACE (city or town) (State or country) Boston Mass
18. INFORMANT Euphamy M. Claridge
(Address) 2937 Walbrook Ave
19. BURIAL, CREMATION, OR REMOVAL
Place Balto Date June 18 1935
20. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
FILED Huntington Williams Reg.
6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1935
22. I HEREBY CERTIFY, That I attended deceased from November 15 1934 to June 16 1935
I last saw him alive on June 16 1935 Death is said to have occurred on the date stated above, 3.30 P. m.

The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach — Date of onset 2/4/35
Other contributory causes of importance:
Nephritis and High Blood Pressure — 11/15/34
Arteriosclerosis

Was an operation performed? No Date of —
For what disease or injury? —
Name of operation — Date of —
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury No . 19
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Hubert E. Zapp M. D.
(Address) 3048 W. North Ave
Baltimore Md

M. D. B. 1268-9

✓ F 13638

13638 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X53-C

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 26 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ESTELLE FRECHETTE

(a) Residence: No. MT AIRY MD St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
FEMALE	WHITE	MARRIED.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Dr Napoleon Frechette

7. DATE OF BIRTH (month, day, year) Jan. 25. 1875

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60.	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

13. NAME Wm. F. Kemp

14. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

15. MAIDEN NAME Laura Reed

16. BIRTHPLACE (city or town) (State or country) Montgomery Co Md

17. INFORMANT Napoleon Frechette

(Address) Mt Airy Md

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date 6/19/35

19. UNDERTAKER Wm. F. Kemp & Son

(Address) 211 E. Fayette St

FILED 7-1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-21 . 1935 to 6-17 . 1935

I last saw her alive on 6-1 . 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRAIN TUMOR. (LEFT FRONTAL LOBE)	?
Other contributory causes of importance:	

Name of operation DECOMPRESSION Date of 6-15
CLINICAL

What test confirmed diagnosis? Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) H. Hunt W Farr M. D.

(Address) University Hospital

F 13639

13639

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR. No

2. FULL NAME Henry Conrades

(a) Residence: No. 228 W. Payson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): ~~Married~~
6. ~~If married, widowed, or~~ divorced HUSBAND of ~~WIFE of~~ Edna M. Conrades
7. DATE OF BIRTH (month, day, year): Dec. 23, 1889
8. AGE: Years 45; Months 5; Days 23; If LESS than 1 day, ... hrs. or ... min.
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Truck Driver
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sept. 23
11. Date deceased last worked at this occupation (month and year): 1935
12. Total time (years) spent in this occupation: Baltimore
13. BIRTHPLACE (city or town) (State or country): Baltimore
14. NAME: Henry Conrades
15. BIRTHPLACE (city or town) (State or country): Baltimore
16. MAIDEN NAME: Marietta Mossiers
17. BIRTHPLACE (city or town) (State or country): Baltimore
18. INFORMANT: Hospital Records
(Address)
19. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: June 19th 1935
20. UNDERTAKER: Wm. Cook
(Address): 1217 St Paul St
FILED: 7-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935 to June 16, 1935
I last saw him alive on June 16, 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiovascular renal disease with decompensation + uremia	12-25-34

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Claude Elliott Babcock M. D.
(Address) Maryland Gen. Hosp.

M. D. B. 1268-9

✓F 13640

13640

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital 4 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Augusta Stewart

(a) Residence: No. Washington Blvd. St., ... Ward. Halethorp, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Isaac E Stewart

7. DATE OF BIRTH (month, day, year): Nov 11 1886

AGE: Years 49 | Months 1 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME OF FATHER: John Tolson

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME OF MOTHER: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Isaac Stewart

(Address) Halethorp Md

18. BURIAL, CREMATION, OR REMOVAL: Place Herbert Md Date 6/19 35

19. UNDERTAKER: J. H. Cook & Co

(Address) 1210 E Fayette St

20. FILED 7 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1935, to June 17, 1935

I last saw her alive on June 17, 1935. Death is said to have occurred on the date stated above, at 4:05 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	6/4/35
Cardiac decompensation	
& Pulmonary edema	
Cerebral cystic gliosis	3/15/35

Other contributory causes of importance:

Diabetes Mellitus

Name of operation Cranial bone flap Date of 6/4/35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Charles A. Gruhzit M. D.

(Address) University Hospital

M. D. B. 1268-9

13641 F 13641

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Edwards

(a) Residence: No. Fort Howard St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-25-27

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	7	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Car

FATHER

13. NAME John Edwards

14. BIRTHPLACE (city or town) (State or country) S. Car.

MOTHER

15. MAIDEN NAME Mary Clinton

16. BIRTHPLACE (city or town) (State or country) S. Car

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Clover Date 6/17 19 35

19. UNDERTAKER Wm Cox & Son

(Address) 1210 E. Coul St

20. FILED 19 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to June 16, 1935

I last saw him alive on June 16, 1935 Death is said to have occurred on the date stated above, at 3 15 A m.

The prinripal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial endocarditis (Pneumococcus)	May 15

Other contributory causes of importance:

Congenital heart disease

Atresis mitralis April

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia D Edwards, M. D.

(Address) John Hopkins

✓ F 13642

13642

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore Hosp. St., No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Henry Williams.

(a) Residence: No. none St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Maria.

7. DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 ?			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Archer Williams,

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BUH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-17 1935

19. UNDERTAKER George T. A. Gibson

(Address) 1233 Pennsylvania Ave

Filed 6-17-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15. 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/25. 1935 to 6/15. 1935

I last saw him alive on 6/15. 1935. Death is said to have occurred on the date stated above, at 9¼ a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency

Date of onset ?

avw

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balt City Hosp

M. D. B. 1268-9

E 13643

13643 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

173

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1018 N. Patterson Pk Ave St., 8 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maximilian Seeger

(a) Residence: No. 1020 N. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) Mar. 6, 1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sprayer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paint Shop

10. Date deceased last worked at this occupation (month and year) 6/14/35

11. Total time (years) spent in this occupation 30+

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Joseph Seeger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Elizabeth Meier

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Sister Miss Seeger

(Address) 1020 Patterson Pk. Ave

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Cemetery Date June 18, 1935

UNDERTAKER Elmer W. Conklin

(Address) 224 E. Eager [illegible]

FILED 7-1935 Funeral Home Williams, Md

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 . 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 10:50 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet Wound of Right Lung	
Bullet Wound of Left Lung	
Perforating Bullet Wound of Arch of Aorta	
Bullet Wound 4th rib (Right)	

Other contributory causes of importance:

Hemorrhage

over

Name of operation Date of

What test confirmed diagnosis Direct Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury June 15, 1935

Where did injury occur? 1018 N. Patterson Pk Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home of Officer Wright

Manner of injury Bullet Wound - Bullet wound 4th rib Rt + Left Lung Bullet Wound of Arch of Aorta

Nature of injury Bullet Wound of Arch of Aorta

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) Paul Rheuben, M. D.
Coroner

(Address) 1915 E. North Ave

M. D. B. 1268-9

13644

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13644

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Church Home & Infirmary Ward 6)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Charles Stuart

(a) Residence: No. 10 14th Street St., Ward. Ocala, Fla.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug. 28, 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	9	20	19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PROPRIETOR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PRINTING ESTABLISHMENT

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) (State or country) Illinois

13. NAME David Stuart

14. BIRTHPLACE (city or town) (State or country) Illinois

15. MAIDEN NAME Mary Graham

16. BIRTHPLACE (city or town) (State or country) Kentucky

17. INFORMANT (Address) Hospital records

18. BURIAL, CREMATION, OR REMOVAL
Place Ocala, Fla. Date June 17, 1935

19. UNDERTAKER Rees-Jones Inc
(Address) 424 N. Broadway

FILED 7-1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935 to June 17, 1935

I last saw him alive on June 17, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral embolus (?)	6-1-35

Other contributory causes of importance:

Carcinoma of pharynx & metastases to cervical lymph nodes, inoperable

Name of operation Excision of cervical abscess Date of 6-1-35

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hugh C. Slaughter M. D.

(Address) Church Home & Infirmary

M. D. B. 1268-9

✓ F 13645

13645 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2037 W. Calvert St., 12 Ward)

Length of residence in city or town where death occurred 49 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles William Dorsey

(a) Residence: No. 2037 W. Calvert St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of (or ~~WIFE of~~) Mary E. Franklin

DATE OF BIRTH (month, day, year) 1877

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
58	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Deputy Sheriff

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City

10. Date deceased last worked at this occupation (month and year) 1886

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Howard Co

13. NAME James L. Dorsey

14. BIRTHPLACE (city or town) (State or country) Howard Co

15. MAIDEN NAME Kate Van Deusen

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Cora Bell

(Address) 2037 W. Calvert St

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date June 18, 1935

UNDERTAKER Mary M. Whedefield

(Address) 201 E. 22nd St

JUN 17 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/1/35, 19 ... to 6/15/35, 19 ...

I last saw him alive on 6/15/35, 19 ... Death is said to have occurred on the date stated above, at 6.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia, Synchytrium Carnosum	1
Other contributory causes of importance:	Four

Name of operation None, Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) ... M. D.

(Address) 321 E. 25

M. D. B 1268-9

F 13646

13646

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210-M

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Robert Harris

(a) Residence: No. Guilford Md St., Howard & Pratt Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Male	Al	Single

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Jan 8 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Co

10. Date deceased last worked at this occupation (month, day, year) 6/5/35

10a. Total time (years) spent in this occupation Life

11. BIRTHPLACE (city or town) (State or country) Guilford Md

12. NAME Edward F Harris

13. BIRTHPLACE (city or town) (State or country) Virginia

14. MAIDEN NAME Elizabeth Boston

15. BIRTHPLACE (city or town) (State or country) Guilford Md

16. INFORMANT Ethel Harris

(Address) Guilford Md

17. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Cem Date 6/17/35 1935

18. UNDERTAKER J. F. Engelke & Son

(Address) Edmondson Ave & City Line Md

FILED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw ... alive on 6/16/35 19... Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	6/16/35

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Accident Date of injury ..... 19...

Where did injury occur? Columbia Pike & Montgomery Rd (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place Public Highway

How did injury occur? Struck Telephone Pole

Nature of injury Fell upon Street

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Hubert Bailey Coate M. D.

Coroner

(Address) 543 Park Ave

F. D. B 1268-9

✓ F 13647

HEALTH DEPARTMENT—CITY OF BALTIMORE

13647

CERTIFICATE OF DEATH

X 210-M

Registered No. .....

1. PLACE OF DEATH: Kentucky Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Tanley Harding

(a) Residence: No. Gunpowder Guilford Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

If married, widowed, or divorced
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 5 1916

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Oil Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Guilford Md
(State or country)
13. NAME Stanley Harding Sr
14. BIRTHPLACE (City or town) Guilford Md
(State or country)
15. MAIDEN NAME Beatrice Clark
16. BIRTHPLACE (City or town) Baltimore Md
(State or country)
17. INFORMANT Stanley Harding Sr
(Address) Guilford Md

BURIAL, CREMATION, OR REMOVAL
Place Edmondson Cem Date 6/17/35. 19
UNDERTAKER J. C. Lightbourne
(Address) Woodlawn Baltimore
FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16/35. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....
I last saw him alive on 6/16/35. 19 ..... Death is said to have occurred on the date stated above, at 4:50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Punctured lung	
Instant Death	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/16/35. 19
Where did injury occur? Columbia Pike & Mc Henry Rd
(Specify city or town, county, and State)
Specify whether injury occurred in Industry, In home, or in public place Public Highway
Nature of injury Collision with telephone pole
Cause of injury Fell upon him

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Hubert Bayley (City) M. D.
(Address) 5402 Park Ave Baltimore

F 13648

F 13648

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 154

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME FRANK RUSSELL

(a) Residence: No. 451 W. SW. ANAPOLIS MD. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 13th 1915

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
19.	11	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Annapolis Md.

13. NAME OF FATHER Vaughan D. Russell Sr.

14. BIRTHPLACE (city or town) (State or country) Ill.

15. MAIDEN NAME OF MOTHER Caroline R. Yates

16. BIRTHPLACE (city or town) (State or country) Annapolis Md.

INFORMANT Vaughan D. Russell Jr.

(Address) Annapolis Md.

BURIAL, CREMATION, OR REMOVAL

Place Annapolis Md. Date June 17, 1935

UNDERTAKER John W. Taylor

(Address) Annapolis Md.

JUN 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-10, 1935 to 6-17, 1935

I last saw him alive on 6-17, 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC OSTEOMYELITIS	12 yrs
AMYLOIDOSIS.	
UREMIA.	48 hr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) J. Hurst W Davis M. D.

(Address) University Hospital

F 13649

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13649

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1766 Riverside Ave 24 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Matthew Joseph Martin

If U. S. Veteran specify WAR

(a) Residence: No. 1766 Riverside Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) [illegible]

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired city

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Park policeman

10. Date deceased last worked at this occupation (month and year) 1961

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

13. NAME OF FATHER Owen Martin

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Virginia Wade

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Jas. Martin 1766 Riverside Ave

18. BURIAL, CREMATION, OR REMOVAL Catholic Date 6/18, 1935

19. UNDERTAKER (Address) Edward Carpenter 1538 Light St.

20. FILED JUN 18 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1934 to June 15, 1935

I last saw him alive on June 15, 1935 Death is said to have occurred on the date stated above, at 8.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	not known
Chronic Myocarditis	
Cardiac Hypertension	
Cerebral Hemorrhage	Dec 17 1934

Other contributory causes of importance:

Cerebral Hemorrhage

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

Was autopsy performed? Were there any conditions that modified the fatal issue? Was there an autopsy? no

Physical + Laboratory Exam.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) J. Edward Norris M. D.

(Address) 107 East west st.

M. D. F 1268-9

F 13650

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13650

CERTIFICATE OF DEATH

✓210-M

Registered No. .....

1. PLACE OF DEATH Maryland General Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 15 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edwin E. Crist Jr

(a) Residence: No. 2803 Walbrook Ave St. ..... Ward. 16
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 7 1931

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	4	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. Edwin E Crist

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Kathleen V Gray

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Edwin E Crist
(Address) 2803 Walbrook Ave

BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Date 6/18 1935

UNDERTAKER Wm Cook & Sons
(Address) 1219 E Baltimore St

6/18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on 6/15 1935. Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Injuries	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 6/15 1935

Where did injury occur? Gunpowder River Bridge
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

How injury occurred Turned over in Auto.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hubert Bailey M.D. Coroner

(Address) 1105 Park Ave

F 13651

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13651

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 76 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Paprocki.

(a) Residence: No. 909 N. Newkirk St., Canton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pauline.

6. DATE OF BIRTH (month, day, year) 3/10/1871

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64.	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laylor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Can Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Michael Poland.

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Pauline Poland.

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Daughter
(Address) 1810 Gough St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary. Date June 19 1935

19. UNDERTAKER Fred W. Brazenor
(Address) 1930 Eastern Ave

20. FILED Huntington Ave Cemetery
JUN 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5, 1935, to 6/15, 1935
I last saw him alive on 6/15, 1935 Death is said to have occurred on the date stated above, at 4:05 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2 days
Parkinsons disease	? Yrs.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

H. D. F. 1268-9

F 13652

F 13652

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. 2 mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Maud Halstead

(a) Residence: No. 5-49 Maryland Ave St., Ward Hagerstown Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	married

If married, widowed, or divorced
~~Husband of~~
(or) WIFE of unknown

DATE OF BIRTH (month, day, year) 1900

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	35			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 207

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) unknown

10. NAME unknown

11. BIRTHPLACE (city or town) (State or country) unknown

12. MAIDEN NAME unknown

13. BIRTHPLACE (city or town) (State or country) unknown

14. INFORMANT Johns Hopkins Hospital
(Address)

15. BURIAL, CREMATION, OR REMOVAL

Place Hagerstown Md Date 6-21-1935

16. UNDERTAKER C. M. Snyder & Sons Hagerstown Md.
(Address)

17. Filed ... 19... Registrar. Huntington Williamsville N.Y.

BI NOC

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stenosis of Common Bile duct.	

Other contributory causes of importance:

Extrusion of bile into Retro-peritoneal Space with Abscess formation.

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so specify ...

(Signed) Paul Scheuber, M. D.

(Address) 1919 E. North Ave Coroner

Myszkowski

F 13653

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13653

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 244 S. Castle St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Myszkowski

(a) Residence: No. 244 S. Castle St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Michael Myszkowski

DATE OF BIRTH (month, day, year) December 4, 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64 65	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME William Blaszkowski

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Mrs. Tillie Kostkowski

(Address) 315 S. Castle St.

BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date June 19, 1935

UNDERTAKER John M. Weber

(Address) 401 E. Chester

FILED JUN 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1935, to June 15, 1935.

I last saw h[illegible] alive on June 15, 1935. Death is said to have occurred on the date stated above, at 8 AM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	?
Chr. Hypertension + myocarditis	
Cerebral Apoplexy	1 day
Other contributory causes of importance:	
Acute Myocardial Dilatation	6 hrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Wade F. Dengler M. D.

(Address) 709 E. Pratt St.

F 13654

F 13654

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 133

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Michael Scarzynski or Starzynski

(a) Residence: No. 520 S. Durham St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) 7/25/1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	52	10	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland.

13. NAME Thomas Scarzynski.

14. BIRTHPLACE (city or town) (State or country) Poland.

15. MAIDEN NAME Anna

16. BIRTHPLACE (city or town) (State or country) Poland.

INFORMANT Patient.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 19, 1935

UNDERTAKER John H. Weber

(Address) 401 S. Eaton St.

FILED JUN 18 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4, 1935 to 6/16, 1935

I last saw him alive on 6/16 1935 Death is said to have occurred on the date stated above, at 9:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	3 wks.
Combined sclerosis	2½ mo.
Chronic, unknown.	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

M. D. B. 1268-9

F 13655

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13655

CERTIFICATE OF DEATH

V 174

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 16 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Walker

(a) Residence: No. 1024 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 1884

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Montgomery County Md

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Annie Mann

(Address) 1509 Brasman St

BURIAL, ~~CREMATION, OR REMOVAL~~

Place Mt Auburn Date 4-17 1935

UNDERTAKER William A Jackson

(Address) 916 Linda Ave

FILED 4-18 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1935 to 6-14 1935

I last saw him alive on 6-14 1935 Death is said to have occurred on the date stated above, at 6.15 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage from Stab wound of thigh Hemorrhage	6/14/35

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 6-14 1935

Where did injury occur? 1024 Parrish St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Stab wound of thigh

Nature of injury Hemorrhage of thigh

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo F Allen M. D.

(Address) 50 Pleasants St

M. D. F. 1-9 F 13656

F 13656

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Walter J Waddy

(a) Residence: No. 1811 W Mount St., Ward. Mary Pt Va.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Col	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Nancy Waddy

DATE OF BIRTH (month, day, year) 1875

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
60				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

INFORMANT Nancy Waddy

(Address) 1811 W mount St

BURIAL, CREMATION, OR REMOVAL

Place Mt Lancaster Co Va Date 6/19 1935

UNDERTAKER Thomas E. Kelson

(Address) 1503 Pressman St

FILED 6 19 1935 Registrar Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7 1935 to 1935

I last saw h alive on 6-17 1935. Death is said to have occurred on the date stated above, at 9.17 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypertension Cardiac
Vascular Renal Disease

Other contributory causes of importance:

Chronic Nephritis
Chronic Cystitis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R. H. Harris M. D.

(Address) Provident Hospital

F 13657

HEALTH DEPARTMENT—CITY OF BALTIMORE

13657 131

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hosp. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James H. Swaine

(a) Residence: No. 4915 Denmead Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Emily Dow

DATE OF BIRTH (month, day, year) Feb. 13, 1876

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Statistician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Norfolk, Va.

13. NAME James H. Swaine

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Stevenson

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT James H. Swaine Jr.
(Address) 422 Indus St. Elmhurst, L.I. N.Y.

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 15, 1935

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place Huntington Pittsburgh, Pa.

JUN 16 1935 , 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-16-35

22. I HEREBY CERTIFY, That I attended deceased from 6-9-35, 19 ..., to 6-16-35, 19 .....

I last saw him alive on 6-16-35, 19 ..... Death is said to have occurred on the date stated above, at 10:23 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis
Hypertensive Cardiovascular

Date of onset 1934

Other contributory causes of importance:

Uremia 6-9-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) W. P. Shelton, M. D.

(Address) Md. Gen. Hosp.

M. D. F. 13658 Feick F 13658

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 Appleton St., 16 Ward)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia L. Feick

(a) Residence: No. 816 Appleton St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry C. Feick.

6b. DATE OF BIRTH (month, day, year): Sept 5th 1863

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	8 9	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME Georgr. Moeller.

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME Theresa. Bert.

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT Mr. Herbert Feick.

(Address) 816 Appleton St

18. BURIAL, CREMATION, OR REMOVAL: London Park Date June. 20 1935

19. UNDERTAKER Mrs Chas A G Rohdt

(Address) 2327 Edmondson Ave

Huntington Williams, Jr

Registrar.

8 1985

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17 1935

22. I HEREBY CERTIFY, That I attended deceased from May 6. 1935 to June 17 1935

I last saw h alive on June 16 1935. Death is said to have occurred on the date stated above, at 4.18 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Ch. Nephritis	
Other contributory causes of importance:	
Influenza	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Jay McCleary M. D.

(Address) 400 N Paca St

M. D. B. 1268-9

F 13659

F 13659

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1805 N. Washington St., 8th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wesley Reddish

(a) Residence: No. 1805 N. Washington St., 8 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or ~~divorced~~ HUSBAND of (or) ~~WIFE of~~ Emma J. McGee

6. DATE OF BIRTH (month, day, year) Jan. 15 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
80	5	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - oyster dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. $10 a day

10. Date deceased last worked at this occupation (month and year) 3 yrs.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton Mart Dorchester Co. Maryland

FATHER

13. NAME William Reddish

14. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

15. MAIDEN NAME Louisa —

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland.

17. INFORMANT Charles J. Reddish

(Address) 1805 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 20. 1935

19. UNDERTAKER John H. Denny

(Address) 415 Light St

Huntington Williams, Registrar.

1935 ... 19 ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1935 to June 1935.

I last saw h.im alive on June 16, 1935. Death is said to have occurred on the date stated above, at 4.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	6-8-4-30
Other contributory causes of importance:	
Cerebral Endarteritis	1 yr.

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Gustavus C. Wohme, M. D.

(Address) 3014 St. Paul St.

F 13660

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13660

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital 13 St., Ward)

Length of residence in city or town where death occurred Lifetime mos. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Oppenheimer

(a) Residence, No. 2400 Linden Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 24 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	10	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Sam'l Oppenheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrad Thanhauser

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. R. Sondheim

(Address) 2400 Linden Ave

BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date June 19 1935

UNDERTAKER David Sondheim's Son

(Address) 1903 Eutaw Place Huntington Milburn, N.J.

JUN 18 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to June 17, 1935

I last saw her alive on June 17, 1935 Death is said to have occurred on the date stated above, at 8:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	
Arteriosclerosis	
Hypertension	
Bronchio Pneumonia	

Other contributory causes of importance:

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur E. Kalish M. D.

(Address) Sinai Hosp.

F 13661

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13661

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. Ward) 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Louisa Hollinsworth

(a) Residence: No. 519 N. Carlonine St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Charles Hollinsworth

DATE OF BIRTH (month, day, year) 12/15/1852

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME William Wickes

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Smyth

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Best.
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 20 1935

UNDERTAKER Mrs. Robt A. Elliott-Mulligan
(Address) 1129 Carlonine St
Huntington Williams, Asst

FILED JUN 18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/6 1933 to 6/16 1935

I last saw h alive on 6/16 1935 Death is said to have occurred on the date stated above, at 4:10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Senility	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reyter M. D.

(Address) Balto City Hosp

M. D. B. 13-30 F 13662 ✓ F 13662

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 83-34E

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Federer

(a) Residence: No. 2104 W. Mulberry St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Augusta

DATE OF BIRTH (month, day, year) 3-17-81

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer 26 61

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME John Federer

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Elizabeth Homberg

16. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Records (Address) Baltimore City Hospitals

BURIAL, CREMATION, OR REMOVAL Place Loudon Park Date June 18, 1934

UNDERTAKER F. B. Kippert & Son (Address) 1300 Eutaw Place

FILED 19 ~~1935~~ ~~Assistant Registrar~~ ~~Registrar~~

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-22-, 1934 to 6-15-, 1934

I last saw h[illegible] alive on 6-15, 1934 Death is said to have occurred on the date stated above, at 12.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of Insane	Unk

Other contributory causes of importance:

Cystic Infection	Unk

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel Diener M. D.

(Address) Baltimore City Hospitals

F 13663

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13663

X 82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs Gertrude Thomas

(a) Residence: No. Chester, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced (or) WIFE of Leroy Thomas

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Carolina Co. Maryland

12. NAME —

13. BIRTHPLACE (city or town) (State or country) Maryland

14. MAIDEN NAME —

15. BIRTHPLACE (city or town) (State or country) Maryland

INFORMANT Leroy A Thomas

(Address) Chester Maryland

BURIAL, CREMATION, OR REMOVAL md.

Place Ches Love Point Date June 20/35

UNDERTAKER F. B. Hopper & Son

(Address) 330 Eutaw Place

Huntington Williamsport, Md.

FILED JUN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/35 19

22. I HEREBY CERTIFY, That I attended deceased from May 4 1935 to June 17th 1935

I last saw her alive on June 17th 1935 Death is said to have occurred on the date stated above, at 9 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential Hypertension	
Cerebral Hemorrhage	6-15-35
Other contributory causes of importance:	
Hemiplegia	6-15-35

Name of operation Sympathectomy Date of 6-10

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

... If so, specify ...

(Signed) Beverley R Compton M. D.

(Address) Womans Hosp

AaCo. 5-31 2M F 13664 ✓ F 13664

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4304 Fernhill Ave. St. 28 Ward)

Length of residence in city or town where death occurred 7 yrs. 7 mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth E. Clary,

(a) Residence: No. Mt. Airy, Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

If married, widowed, or divorced (or) WIFE of late, Henry W. Clary

DATE OF BIRTH (month, day, year) 1864-12-3

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
70	6	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Maryland

12. NAME John Begnelle,

14. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland.

15. MAIDEN NAME Emma Mannar,

16. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

INFORMANT Mrs. John Neighbours,
(Address) 4304 Fernhill Ave, Balto, Md.

BURIAL, CREMATION, OR REMOVAL
Place Pine Grove Cem. Date June, 20, 35

UNDERTAKER C. M. Walter
(Address) Winfield, Md.

FILED JUN 18 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June, 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 17, 1935
I last saw h[illegible] alive on June 17, 1935 death is said to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	2
	1

Other contributory causes of importance:

Broncho-pneumonia acidosis	

Name of operation Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify.

(Signed) Earle A Clemson, M. D.
(Address) 1123 St Paul St.

F. D. B. 1268-4

F 13665

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13665

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1711 E Eager St., 7 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Albert Ellwood Maddox

(a) Residence: No. 1711 E Eager Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	~~Married~~ Widowed

If married, widowed, or divorced HUSBAND of (or ~~WIFE of~~)

DATE OF BIRTH (month, day, year) 1894

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) MD (Eastern Shore)

13. NAME Wm Maddox

14. BIRTHPLACE (city or town) (State or country) MD

15. MAIDEN NAME Rosa Smyth

16. BIRTHPLACE (city or town) (State or country) MD

INFORMANT Bertha Hopkins (sister)

(Address) 1711 E Eager St

BURIAL, CREMATION, OR REMOVAL

Place London Park National Date 6/18 1935

UNDERTAKER Joseph Kinsella Jr.

(Address) 1362 Hollins St

Filed 6/18 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 14, 1935

I HEREBY CERTIFY, That I attended deceased from May 28, 1935, to June 14, 1935

I last saw him alive on June 13, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	May 12, 1935
	Acute
Other contributory causes of importance: Acute Nephritis	May 24, 1935

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R J Young M. D.

(Address) 1729 E Monument St

H. D. B. 1268-9

✓ F 13666

HEALTH DEPARTMENT—CITY OF BALTIMORE

13666

CERTIFICATE OF DEATH

24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., ... Ward.

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Retha Anderson

(a) Residence: No. 631 Sarah Ann St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Aug 1928

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
6	10		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME Clarence Anderson

14. BIRTHPLACE (city or town) (State or country) N. C.

15. MAIDEN NAME Rosa Brown

16. BIRTHPLACE (city or town) (State or country) N C

INFORMANT Clarence Anderson

(Address) 631 Sarah Ann St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/18 35

UNDERTAKER Wm. A. Jackson

(Address) 916 Lemmon

Filed ..... 19 ..... Registrar.

18 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-16- 35 to 6-18- 35

I last saw her alive on 6-18- 35 Death is said to have occurred on the date stated above, at 6 05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis Tuberculous	3 6 6-10-

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) R Hunter Tarr M. D.

(Address) University Hospital

Frank

✓ F 13667

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13667

CERTIFICATE OF DEATH

59

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2930 Sylvan Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 10 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Eva Virginia Martin

(a) Residence: No. 2930 Sylvan Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Edward L. Martin

DATE OF BIRTH (month, day, year) Aug. 6-1875

AGE	Years	Months	Days	If LESS than 1 day... hrs. or ... min.
	59	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home 27

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Frank E. Bertermann

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Elizabeth Johnson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Edward L. Martin

(Address) 2930 Sylvan Ave.

BURIAL, CREMATION, OR REMOVAL

Place London Park cem Date June 20 1935

UNDERTAKER George W. Zibler

(Address) 1737 E. Eager St.

Huntington Williams, M.D.

Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935 to June 16 1935

I last saw h.e alive on June 16 1935 Death is said to have occurred on the date stated above, at 8:25 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	1932
uremia	1935
Other contributory causes of importance: Diabetes	1920?

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) S. A. Alessi M. D.

(Address) 6217 Harford Rd.

Spec.—1-10-21—M&T—1500 Blks.

John. Murdaugh. ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

13668

F 13668

CERTIFICATE OF DEATH.

95-B

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 15 N. McCulloh ST. 14 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME John Murdaugh

(a) RESIDENCE NO. 15 N. McCulloh ST., ... WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: M

4 COLOR OR RACE: B

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Rebecca Bratly

6 DATE OF BIRTH (month, day, and year): ? 1872

7 AGE — Years: 63 — Months: ? — Days: ? — If LESS than 1 day, hrs or min

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer —

9 BIRTHPLACE (city or town) (State or country): Waverly Va.

10 NAME OF FATHER: Wat Murdaugh

11 BIRTHPLACE OF FATHER (city or town) (State or country): Va

12 MAIDEN NAME OF MOTHER: Rebecca Bratly

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant (Address): Mrs. Reed 524 Mc Culloh

15 Filed JUN 18 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6/15 1935

17 I HEREBY CERTIFY, That I attended deceased from 6/23d, 1935, to 6/15, 1935; that I last saw h[illegible] alive on 6/14, 1935; and that death occurred, on the date stated above, at 10:10 p.m.

The CAUSE OF DEATH* was as follows:

Cardio Renal

2 wks. (duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Arteriosclerosis

(duration) 5 yrs. mos.

18 Where was disease contracted if not at place of death? Va.

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) Frank T. Cassidy, M. D.

6/16, 1935 (Address) Wyeland Md

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Waverly, Va.

DATE OF BURIAL: 6/18/1935

20 UNDERTAKER: Geo. H. Holland

ADDRESS: 1631 Druid [illegible]

D. B 1268-6

13669 HEALTH DEPARTMENT—CITY OF BALTIMORE 13669

CERTIFICATE OF DEATH

Registered No. 210-G

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital
CITY OF BALTIMORE: (No. 25 St., 25 Ward)
Length of residence in city or town where death occurred 1/2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Greve
(a) Residence: No. 2103 Wicomico St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Julia I Greve

DATE OF BIRTH (month, day, year) 2-27-1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	3	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinsmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany
13. NAME Dont Know
14. BIRTHPLACE (city or town) (State or country)
15. MAIDEN NAME Dont Know
16. BIRTHPLACE (city or town) (State or country)
INFORMANT Anna Kaspek (Address) 2133 Linwood Ave
BURIAL, CREMATION, OR REMOVAL Place Bolts Cem Date 6/18 19 35
UNDERTAKER Edward Lonergan (Address) Wash Blvd
FILED 6/15 19 35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/14 1935
22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 6/14 1935 Death is said to have occurred on the date stated above, at 9.15a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed skull	6/14/35

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? ? Was there an autopsy? ?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 6/14 1935
Where did injury occur? Washington Blvd & City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place Public
Manner of injury Crushed skull by
Nature of injury run by Truck

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
Gabriel Wagley (Auto) M. D.
Coroner
(Address) 543 Park Ave

H. D. B 1268-9

13670 **HEALTH DEPARTMENT—CITY OF BALTIMORE** 13670

93-E

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2541 Oak St. 17 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Nelson (U.S. World War Veteran) Residence during 1935 - 2541 Oak St

(a) Residence: No. 2541 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Alice Nelson

DATE OF BIRTH (month, day, year) March 22, 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 007

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marysville Howard Co, Maryland

13. NAME OF FATHER Herbert Nelson

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

15. MAIDEN NAME OF MOTHER Bessie Conway

16. BIRTHPLACE (city or town) (State or country) Howard Co, Maryland

17. INFORMANT Alice Nelson

(Address) 2539 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 18 1935

19. UNDERTAKER Archibald G. Gaddis

(Address) 2101 NE Eutaw St.

20. FILED JUN 16 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Addison Hooper Coroner M. D.

(Address) Coroner

CHARLES W. DIDENHOVER, M.D.

AdCo. 5-31 2500

HEALTH DEPARTMENT CITY OF BALTIMORE

CERTIFICATE OF DEATH

13671 T 13671

131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 648 Bartlett Ave St., 9 Ward)

Length of residence in city or town where death occurred 46 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George S. Wollschlager

(a) Residence: No. 648 Bartlett Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of M. Elizabeth (Pfeifer)

DATE OF BIRTH (month, day, year) May 22/1869

AGE	Years	Months	Days	If LESS than 1 day... hrs. or... min.
	66	0	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Matress Factory

10. Date deceased last worked at this occupation (month and year) Jan/35

11. Total time (years) spent in this occupation ... yrs

BIRTHPLACE (city or town) (State or country) Sykesville, Md.

12. NAME Louis Adolph Wollschlager

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME M. Elizabeth Heurich

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT M. Elizabeth Wollschlager
(Address) 648 Bartlett Ave

BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 17 1935

UNDERTAKER Albert W. Gregory
(Address) 440 E. North Ave

FILED 6-18 1935, 19 Antoinette Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15/35

22. I HEREBY CERTIFY, That I attended deceased from Feb 2/35, 19..., to June 15/35, 19...

I last saw him alive on June 9/35, and death is said to have occurred on the date stated above, at 6.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	
Other contributory causes of importance: Chronic Nephritis	History 6 moms

Name of operation ... Date of ...
What was confirmed diagnosis? Physical & urinary exam. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) H. H. Walter, M. D.
(Address) 508 E. North Ave

F 13672

13672 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 13672

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Baltimore City Hospital St. 75 Ward)

Length of residence in city (or town) where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Harris If U. S. Veteran specify WAR

(a) Residence: No. 1414½ Eden St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or race: Colored Widowed

5. Single, Married, Widowed, Divorced (write the word)

If married, widowed or divorced HUSBAND of (or) WIFE of: Rose Harris

DATE OF BIRTH (month, day, year): July 4, 1878

AGE: Years 56 Months 11 Days 12 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Docks Odd

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Idaho

13. NAME of father: George Harris

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME of mother: Unknown

16. BIRTHPLACE (city or town) (State or country): "

INFORMANT: Hospital Record

(Address)

BURIAL, CREMATION, OR REMOVAL

Place: Mt Auburn Date: June 17, 1935

UNDERTAKER: James A. Stamper

(Address): 142 W. Fayette St.

Date: JUN 18 1935, 19

Registrar: Huntington Williams, MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935 to June 16, 1935

I last saw him alive on June 15, 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Duration
Hypertrophy Prostate Benign	
Uremia	6/2/35

Other contributory causes of importance:

Was an operation performed? Yes Date of June 7, 1935

For what disease or injury? Prostatic Hypertrophy Date of 6/7/35

Name of operation: Cystotomy

What test confirmed diagnosis? N.D.N. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Samuel H. Gross M. D.

(Address) Balto City Hospitals

D. B 12[illegible] F 13673 Klerickas ✓ F 13673

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 E. Pratt St., 3 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Klerickas

(a) Residence: No. 920 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Barbara Klerucki

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. merchant manufacture

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Lithuania

13. NAME OF FATHER Casmir Klerickas

14. BIRTHPLACE (city or town) (State or country) not known Lithuania

15. MAIDEN NAME OF MOTHER unknown

16. BIRTHPLACE (city or town) (State or country) " Lithuania

17. INFORMANT Joseph Bizis (son-in-law)

(Address) 926 E. Pratt St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 19, 1935

19. UNDERTAKER John Grabliunskas

(Address) 423 South Bond St.

19a. FILED JUN 18 1935 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute enteric Colitis	

Other contributory causes of importance:

Probably Myocarditis	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) A. M. Wright Coroner, M. D.

(Address) 1014 S. Ellwood Ave

F 13674 F 13674

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 48

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospital St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harriet Elizabeth Sheen
If U. S. Veteran specify WAR

(a) Residence: No. 907 N. Appleton St., Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	White	Married

If married, widowed, or divorced
~~HUSBAND~~ of (or) WIFE of David Sheen

6. DATE OF BIRTH (month, day, year) 1-2-69

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	5-5	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
10. Date deceased last worked at this occupation (month and year) 6-11-35
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va. Loudon Co
13. NAME OF FATHER John W. Beaver
14. BIRTHPLACE (city or town) (State or country) Va
15. MAIDEN NAME OF MOTHER Martha Harrison
16. BIRTHPLACE (city or town) (State or country) Va.
17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date June 19 1935
19. UNDERTAKER Mc. Mus. Jno. W. Penfold & Sons
(Address) 801 W. Fayette St

20. FILED JUN 19 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-11, 1935 to 6-17, 1935.
I last saw h[illegible] alive on 6-17, 1935 Death is said to have occurred on the date stated above, at 1.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix with Metastasis	[redacted]
Other contributory causes of importance: Bronchopneumonia	6/15/35

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation None Clinical Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel N. Ford M. D.
(Address) Balto City Hosp

F 13675

13675 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

107-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St. 19 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emma Treadwell

(a) Residence: No. 110 S. Addison St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Widow.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 11/18/1872

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	8	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Geo M Dyer

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Lizzie Slatz

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Earl Scheeler

(Address) 110 S Addison St

BURIAL, CREMATION, OR REMOVAL

Place Westernport. Date June 20. 1935

UNDERTAKER F. Vernon Kuehnert

ADDRESS 2301 Edmondson Ave

1935 Huntington Wilmore, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17. 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/29, 1933 to 6/17, 1935.

I last saw her alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 2 05/60 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1-2 days
Parkinson's disease	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L. Bailey M. D.

(Address) Balto City Hosp.

D. F. 1268-9

F 13676

3676 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1321 N. Carey St. 15 Ward)

Length of residence in city or town where death occurred yrs. 7 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Wesley Barnes Isabelle

(a) Residence: No. 1321 N. Carey St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Infant.

6. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Infant.

7. DATE OF BIRTH (month, day, year): October 19-1934

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: John Wesley Barnes

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Carrie L. Isabelle

16. BIRTHPLACE (city or town) (State or country): Calvert Co

17. INFORMANT: Carrie S. Isabelle Barnes

(Address) 1321 N. Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date June 18, 1935

19. UNDERTAKER: Mrs Katie R Williams

(Address) 327 N. Schroeder St

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935, to June 16, 1935

I last saw him alive on June 14, 1935. Death is said to have occurred on the date stated above, at 2-45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	5/29.35
Recurrence -	
Other contributory causes of importance:	
Rickets -	3 mos?

Name of operation: none Date of:

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos H Wright M. D.

(Address) 1209 Fairfield Ave

F 13677

3677 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 535

1. PLACE OF DEATH Baltimore City Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 11 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. (If not living in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Willis Jackson If U. S. Veteran specify WAR .....

(a) Residence: No. 917 Park Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 25 1891

AGE Years 43 | Months 5 | Days 12 | If LESS than 1 day, ... hrs. or ... min.

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd jobs

10. Date deceased last worked at this occupation (month and year) 3 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Emporia Va

13. NAME Will Jackson

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lula Johnson

16. BIRTHPLACE (city or town) (State or country) Del

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 18, 1935

UNDERTAKER
(Address)

8 1935 Institute for Pathology

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 12 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1934 to June 12 1935
I last saw h[illegible] alive on June 12, 1935 Death is said to have occurred on the date stated above, at 8 15 PM

The principal cause of death and related causes of importance were as follows:

Pneumonia & cirrhosis of both kidneys — Duration: Days

Other contributory causes of importance: Pyo-Nephrosis Bilateral — Duration: 6 months

Was an operation performed? yes Date of Jan 1935

For what disease or injury? Urinary Obstruction

Name of operation Cystostomy Date of Jan 1935

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Good M. D.

(Address) Balto City Hospitals

M. D. F 1268-9

F 13678

13678

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 154

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals Ward 1)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Nall

(a) Residence: No. 211 S Mountford Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Female~~ male	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 16, 1935

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ———

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ———

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md

13. NAME Jane E Nall

14. BIRTHPLACE (city or town) Baltimore
(State or country) md

15. MAIDEN NAME Pearl Rose

16. BIRTHPLACE (city or town) Baltimore
(State or country) Md

INFORMANT Mrs Pearl Nall (mother)
(Address) 211 S Mountford Ave

BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 18 1935

UNDERTAKER
(Address)

1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 1935 to June 16 1935

I last saw h alive on June 16 1935 Death is said to have occurred on the date stated above, at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

prematurity 7 mos — Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Elizabeth L Langelüttig, M. D.
(Address) Baltimore City Hospitals

M. D. H. 1368-9

F 13679

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13679

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4230 Evans Chapel Rd (Ward) 17

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Rebecca Dobson

(a) Residence: No. 4230 Evans Chapel Rd. Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widow

3. If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry Dobson

DATE OF BIRTH (Month, day, year) Sept 1857

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	2		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Charles Gleason Hoen

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lucy Fugen

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Emma Satchell
(Address) Atlantic City N J.

BURIAL, CREMATION, OR REMOVAL
Date 1935 Autumn Evergreen June 1935

UNDERTAKER Bernard Kennedy
(Address) 1811 Druid Hill Ave.

Huntington Williams, Md
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (Month, day, year) June 14th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12th 1935 to June 14th 1935

I last saw her alive on June 13th 1935 Death is said to have occurred on the date stated above, at 630 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/13
La Grippe	6/10

Other contributory causes of importance:

Myocarditis	?

Name of operation None Date of ...

Was autopsy held? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Thomas Jones M.D.

(Address) 404 E 25th St

M. D. B. 1268-0

✓ F 13680

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13680

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3303 Elmley Ave St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Crossett

(a) Residence: No. 3303 Elmley Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm Crossett

6. DATE OF BIRTH (month, day, year) Nov 13 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 10-3

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER FATHER

13. NAME John Wade

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Ellen Crossett
(Address) 3303 Elmley Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Morland Memorial Park Date June 19, 1935

19. UNDERTAKER J. F. Elgin & Sons
(Address) Westminster Md

FILED 8 1935, 19 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1934 to 6-17-, 1935

I last saw her alive on 6-17-35, 19 ..... Death is said to have occurred on the date stated above, at 1.20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis with mitral stenosis	10-28-34
Other contributory causes of importance: Carcinoma left breast	10-28-34

Name of operation — Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

N.B. (Signed) Nelson C. Haug, M. D.

(Address) 2117 Belair Rd

M. D. B. 1268-9

F 13681

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13681

CERTIFICATE OF DEATH

81

Registered No. .....

1. PLACE OF DEATH Home for Incurables

CITY OF BALTIMORE: (No. Hoth St + Keswick Rd Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 54 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Reisgle

(a) Residence: No. Home for Incurables St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
30	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME Unknown

14. BIRTHPLACE (city or town) Unknown (State or country)

15. MAIDEN NAME Cecelia Reisgle

16. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

17. INFORMANT Home for Incurables (Address) 4c or Research

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 6/19 ..... 19 35

19. UNDERTAKER J. J. Turbitt & Son (Address) Huntington Williams, Registrar.

JUN 18 1935 ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 . 26 to June 16 . 1935

I last saw her alive on June 16 . 1935 Death is said to have occurred on the date stated above, at 5.54 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Progressive Muscular Dystrophy	about 1920

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Eye Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Wm B Mayo M. D.

(Address) The Medical Arts Bldg

Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13682

13682

CERTIFICATE OF DEATH

46-B

PLACE OF DEATH

Registered No. .....
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 502 Mt Holley St., 10 Ward)

gth of residence in city or town where death occurred 74 yrs 4 mos 22 ds How long in U. S. If of foreign birth? yrs mos ds.

FULL NAME Edward C. Hurdle

(a) Residence: No. 502 Mt Holley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4 Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
rade	White	Married

If married, widowed, or divorced
(or) WIFE of Nettie L Hurdle (nee Dana)

DATE OF BIRTH (month, day, year) Jan. 24. 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	74	4	22.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Telegraph Operator
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME George W Hurdle

14. BIRTHPLACE (city or town) (State or country) Baltimore md.

15. MAIDEN NAME Elizabeth Morehead

16. BIRTHPLACE (city or town) (State or country) md.

INFORMANT Mrs Edward C Hurdle

(Address) 502 Mt Holley St.

BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 19 1935

UNDERTAKER Harry A Welzke

(Address) 4101 Edmondson ave.

Huntington Williams, M.D.
Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16. 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935, to June 16th, 1935

I last saw her alive on June 16th, 1935 death is said to have occurred on the date stated above, at 4.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	

Other contributory causes of importance:

Name of operation Exploratory Date of 10/11/34

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. J. Tanker, M. D.

(Address) 1119 N. Milton Ave

H. D. B. 1268-9

✓ F 13683

3683

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) St Joseph Hospital St., 9 Ward)

Length of residence in city or town where death occurred — yrs. — mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lucie D Dowling

(a) Residence: No. Rock Hall Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John R. Dowling

7. DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day,.... hrs. or min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Rock Hall Kent Co Md

12. NAME James Rodney

14. BIRTHPLACE (city or town) (State or country) Rock Hall Kent Co Md

15. MAIDEN NAME Downey

16. BIRTHPLACE (city or town) (State or country) Rock Hall Kent Co Md

INFORMANT William R Dowling

(Address) 8 Chestnut ave Overlea

BURIAL, CREMATION, OR REMOVAL

Place Rock Hall Md Date June 19, 1935

UNDERTAKER Chas. H. Ward & Son

(Address) 14 W. Fayette Ave

FILED 1935 Huntington Williams, Supt.

MFN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to June 18, 1935

I last saw her alive on June 18, 1935. Death is said to have occurred on the date stated above, at 9 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Chronic appendicitis	
2. Chronic endocervicitis	
3. Chronic myorrahitis	

Other contributory causes of importance:

Name of operation Hysterectomy Date of 6-3-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W Wagenseller, M. D.

(Address)

D. P. 1268-9

F 13684

HEALTH DEPARTMENT—CITY OF BALTIMORE

3684

CERTIFICATE OF DEATH

164-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4710 York Rd St., 12 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Walter M. Clopton

(a) Residence: No. 4710 York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	—	—	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Agent
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Gloucester Va
10. NAME OF FATHER Thomas J Clopton
11. BIRTHPLACE (city or town) (State or country) Gloucester Va
12. MAIDEN NAME OF MOTHER Mildred C Anderson
13. BIRTHPLACE (city or town) (State or country) Gloucester Va
14. INFORMANT T C Clopton Gloucester Va
(Address)
15. BURIAL, CREMATION, OR REMOVAL Place Gloucester Va Date 6/19/35
16. UNDERTAKER Bernard L Fink
(Address) 5730 Harford Road
17. FILED 6/19/35 Signature of Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17/35
22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on June 17, 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia from Illuminating Gas	6/17/35

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/17/35
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place 4710 York Rd Home
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) C. W. Didenhover M. D.
Coroner
(Address) Coroner's

CHARLES W. DIDENHOVER, M.D.

D. B. 1268-9

F 13685

3685

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34D-115-a

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. St. Joseph Hospital St., 9 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Edward B. Oliver

(a) Residence: No. Newark, N. J. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) January 15 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	5	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Agent

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation 10 yrs

BIRTHPLACE (city or town) (State or country) Newark New Jersey

NAME Joseph B. Oliver

BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

MAIDEN NAME Mary Phillips

BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

INFORMANT Mrs. Rosalie C. Oliver

(Address) 607 St. Paul St.

BURIAL, CREMATION OR REMOVAL Cathedral Cemetery Date June 20th 1935

Place Phila. Pa

UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Huntington Williams M.D. Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	5 yrs
Arteriosclerosis	5 yrs
Aortic Insufficiency	
Chronic Myocarditis	

Other contributory causes of importance:

Cardiac Failure

Name of operation Intracapsular Date of 6/18/35

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave

F 13685 F 13686

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. 17 mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Frank Jabuszak If U. S. Veteran specify WAR

(a) Residence: No. 863 S. Dallas St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 3 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44 52			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer-

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME OF FATHER John Jabuszak

14. BIRTHPLACE (city or town) (State or country) Poland. Przybylski

15. MAIDEN NAME OF MOTHER

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT A. N. Kolb

(Address) 1500 Charles St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 19 35

19. UNDERTAKER Fred W. Brozenick

(Address) 939 Eastern Ave

20. FILED 6-19-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/16 1935 to 6/17 1935

I last saw him alive on 6/15 1935 Death is said to have occurred on the date stated above, at 1 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus meningitis	3 wks.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert G. Reyle M. D.

(Address) Balto City Hosp

M. D. P. 1068-9 F 13687

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13687

186a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Little Sisters of the Poor St., 10 Ward)

Length of residence in city or town where death occurred: yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christianna Waltzen

(a) Residence: No. Little Sisters of the Poor - 1200 Valley St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) December 24-1845

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
89	11	5	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Fred Waltzen

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary Ann Morris

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Sister Stanislaus, Sup.
(Address) 1200 Valley Street, city

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date June 19, 1935

UNDERTAKER Rita Weidefeld
(Address) 914 Pennsylvania Ave

1935 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 —, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1931, to June 18 —, 1935

I last saw her alive on June 14 1935. Death is said to have occurred on the date stated above, at 6:35 A.m.

The principal cause of death and related causes of importance were as follows:

Chr Endocarditis

Date of onset

Other contributory causes of importance:

Int Perforation, Acting Delerium Senility

Name of operation — Date of —

What test confirmed diagnosis? Phys Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. McCorkle, M. D.

(Address) 114 Hartford Ave

D. P. [illegible]

F 13688

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13688

210-F

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 108 South Ann Street

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 30 yrs. ... mos. ... ds.

2. FULL NAME Joseph Lewandowski (Lehman)

(a) Residence: No. 105 S Ann St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

If married, widowed, or divorced

HUSBAND of

6. Rose Lewandowski

7. DATE OF BIRTH (month, day, year) Unknown

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 55			

9. Trade, profession, or particular kind of work done, as spinner, ~~farmer, laborer~~, etc. Gardener Plant

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

11. Total time (years) spent in this occupation

12. Date deceased last worked at this occupation (month and year)

13. BIRTHPLACE (State or country) Poland

14. Name of Father Stanley Lewandowski

15. BIRTHPLACE (city or town) (State or country) Poland

16. MAIDEN NAME Unknown

17. BIRTHPLACE (city or town) (State or country) Poland

18. Name of Informant Lewandowski

(Address) 105 S Ann St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem Date June 21 1935

UNDERTAKER Wm S. Fialkowski

(Address) 2007 Eastern Ave

FILED JUN 19 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/16 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on June 16 1935. Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Fractured Skull

Probable Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Blood Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/16 1935

Where did injury occur? 105 S Ann St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Type of injury Fall off Truck into Street

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

Signature Herbert Bailey (Automobile) Coroner

(Address) 5142 Park Heights Ave

D. B. 1268-9

F 13689

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13689

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1721 Homestead St. St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME IDA L. NAENY

(a) Residence: No. 1721 Homestead St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of Henry H. Naeny

DATE OF BIRTH (month, day, year) October 28,1871

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	7	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Christopher W. Haacke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretha Osterhous

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Elmer W. Naeny (Son)

(Address) 1721 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Cemetery June 19, 1935
Place Date 19

19. HENRY SANDER & SONS. INC.
UNDERTAKER

(Address) Baltimore & Broadway

19 1935 19 Huntington Hillcrest, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 6 1934 to June 16 1935

I last saw her alive on June 16 1935. Death is said to have occurred on the date stated above, at 11.25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	

Other contributory causes of importance:

Name of operation Exploratory Date of June 16

What test confirmed diagnosis? ✓ Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Ed. L. Jimerson M. D.

(Address) 2858 Harford Rd

D. B. 1268-9

Dickhaut ✓ F 13690

F 13690 HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 427 N. Streeper St. St., 6 Ward)

Length of residence in city or town where death occurred ....yrs. ....mos. ....ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Elizabeth F. Dickhant

(a) Residence: No. 427 N. Streeper St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Frederick Dickhant

DATE OF BIRTH (month, day, year) March 2, 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	72	3	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME John Herbel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Elbert

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret Nordhoff

(Address) 427 N. Streeper St.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Date June 21, 1935

UNDERTAKER SANDER & SON, INC.

(Address) Baltimore St. & Broadway

1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 13, 1935, to June 18, 1935.

I last saw h[illegible] alive on June 17, 1935. Death is said to have occurred on the date stated above, at 6.30 A. m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency 7 Heart — Date of onset June 14/35

Other contributory causes of importance: Chronic Valvular Heart Disease. — Date of onset [illegible]

Name of operation — Date of —

What test confirmed diagnosis? Phys. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ....19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. H. Keyser M. D.

(Address) 1522 E. 33rd St.

M. D. B. 12c E 13691 ✓ F 13691

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3217 Lyndale Ave. St., 8 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara Imhofe (Clara Imhofe)

(a) Residence: No. 3217 Lyndale Av St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed or divorced HUSBAND of (or) WIFE of J. Robert Imhofe

DATE OF BIRTH (month, day, year) Oct 5 1857

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

BIRTHPLACE (city or town) Baltimore

(State or country) Maryland

12. NAME Chas W F Edlinger

13. BIRTHPLACE (city or town) Dresden

(State or country) Germany

14. MAIDEN NAME Wilhelmina Holtzman

15. BIRTHPLACE (city or town) Bremen

(State or country) Germany

INFORMANT Anna Imhofe Douglas

(Address) 3217 Lyndale Av

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date June 20 1935

UNDERTAKER C. B. Cook

(Address) 1003 W. Baltimore St.

6 1935 Removal

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18 1935 to June 18 1935

I last saw her alive on June 17 1935 Death is said to have occurred on the date stated above, at 7.09 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Regurgitation Nephritis	1 mo.
Hypertension	1 mo
Arteriosclerosis	1 mo

Other contributory causes of importance:

Chronic Interstitial Nephritis	1 mo

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. F. A. Simms M. D.

(Address) 1878 Harford Av

M. D. F. No. F 13692 ✓ F 13692

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-c Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3825 Milford Ave St., 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred abt 65 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Fannie Boettigheimer

(a) Residence: No. 3825 Milford Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) February 1, 1864

AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	71	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Norfolk (State or country) Virginia

13. NAME Josiah Boettigheimer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Blimline

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mr. Joseph Bernstein
(Address) 3825 Milford Ave.

BURIAL, CREMATION, OR REMOVAL
Place Har Sinai Cemetery Date June 19, 1935

UNDERTAKER J. B. Cook
(Address) 1603 W. Baltimore St.

FILED JUN 19 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1934 to June 18, 1935

I last saw her alive on June 17, 1935 Death is said to have occurred on the date stated above, at 4.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis about 1 yr duration	
Arterio-sclerosis	1928
Hypertension	1928
Asthma ?	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter Dubbs, M. D.

(Address) 2220 Garrison Blvd.

F 13693

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. F 13693

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1202-E.North Ave. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna Belle Wilson

(a) Residence: No. 1202-E.North Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

If married, widowed, or divorced
HUSBAND of (or) WIFE of William L. Wilson

DATE OF BIRTH (month, day, year) 1/16/1868

AGE Years	Months	Days	If LESS than 1 day, hours or min.
67	5	1	xxxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Harford Co.Md.

13. NAME William Preston

14. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

15. MAIDEN NAME Martha (Preston)

16. BIRTHPLACE (city or town) (State or country) Harford Co.Md.

INFORMANT Mrs. Voila Zeck

(Address) 1202-E.North Ave.

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 6/20/35, 19

UNDERTAKER Geo. J. Ruth Inc.

(Address) 1735-Harford Ave.

Filed JUN 19 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 7-, 1935, to June 17, 1935

I last saw h[illegible] alive on June 15, 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5/7/35
Other contributory causes of importance:	
Edema Lungs	6/17/35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) E Gail Hall, M. D.

(Address) 1631 E North ave

D. B. 12-9 F 13694

F 13694

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541-Aisquith Street St., 9 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Lena A. Suesse

(a) Residence: No. 1541-Aisquith Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of -----

6. DATE OF BIRTH (month, day, year) 2/8/1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	4	9 10	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Chas. W. Suesse

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Augusta (John)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Frances Spurrier
(Address) 1541-Aisquith Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 6/2/35. 19

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 3/20 . 1935 to 6/18 . 1935

I last saw h[illegible] alive on 6/17 . 1935. Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	

Other contributory causes of importance:
Acute Cardiac Dilatation

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No. Date of injury ..... 19.....

Where did injury occur? No.
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury None.

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify No.

(Signed) Sigd. Litman M. D.

(Address) 1304 Edmondson

F 13695

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13695

53-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 117 Upnor Road St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Jonathan K. Voshell

(a) Residence: No. 117 Upnor Road St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Levora Rush

6. DATE OF BIRTH (month, day, year) July 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	11	--	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Executive, Metropolitan

10. Date deceased last worked at this occupation (month and year) life ins. Co.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Delaware

13. NAME Joseph Voshell

14. BIRTHPLACE (city or town) (State or country) Del.

15. MAIDEN NAME Lavinia

16. BIRTHPLACE (city or town) (State or country) Del.

17. INFORMANT Dr. Allen F. Voshell

(Address) 4 E. Madison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date June 19 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED JUN 19 1935 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to June 17 1935

I last saw him alive on June 17 1935 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Lymphosarcoma

General Metastases

Date of onset

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter E. Backer M. D.

(Address) 1115 St. Paul St.

D. B. 126 F 13696 Olson F 13696

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No.

1. PLACE OF DEATH Bon Secours Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mr. Edwin C. Olson

(a) Residence: No. 2001 W. Mulberry St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Lilyan K. Olson

DATE OF BIRTH (month, day, year) June 17, 1909

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ... min.
26		1	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

9. Date deceased last worked at this occupation (month and year) 6-15-35

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Chicago Ill.

12. NAME Carl Olson

13. BIRTHPLACE (city or town) (State or country) Sweden

15. MAIDEN NAME Hulda Swedin

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Lilyan K. Olson
(Address) 2001 W. Mulberry St.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/21/35

UNDERTAKER Frederick A. Cole
(Address) 1200 W. Lombard St.

FILED 6/21/1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-2-1935 to 6-18-1935

I last saw him alive on 6-18-1935 Death is said to have occurred on the date stated above, at 8:45 a. m.

The principal cause of death and related causes of importance were as follows: Acute Appendicitis 6-1-35 — Date of onset

Other contributory causes of importance: Pleurisy Abscess Abdominal Cavity

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. J. Shanahan M.D.

(Address) Bon Secours Hospital

F 13697

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13697

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3306 Eliza ave St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rose M. Williams

If U. S. Veteran specify WAR Not any

(a) Residence: No. 3306 Eliza ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) April 25 1907

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28.	1.	23.	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6050

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Benjamin F. Williams

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Lillian L. Briley

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Lillian L. Williams

(Address) 3306 Eliza ave.

BURIAL, CREMATION, OR REMOVAL Loudon Memorial Park. Date June 21 19 35

UNDERTAKER Walter Davis

(Address) 3418 Chestnut ave.

FILED 19 Registrar.

JUN 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 22 1932 to June 18 1935

I last saw her alive on June 17th 1935 Death is said to have occurred on the date stated above, at 7 30 A.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis — Date of onset June 1932

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Roscoe Gibbons M. D.

(Address) 2438 Druid Park Drive

D. B. 1268-9

F 13698

HEALTH DEPARTMENT—CITY OF BALTIMORE

13698

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Balt City Hospitals St., 12 Ward)

th of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Catherine Boulden

(a) Residence: No. 4222 Lafayette Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

married, widowed, or divorced HUSBAND of (or) WIFE of Chas Boulden

TE OF BIRTH (month, day, year) July 1 1864

E Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	11	17	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Segmatress. Machine operator 0009

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stadium Underwear Co

Date deceased last worked at this occupation (month and year) May 10, 1935

11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Balto Md.

NAME Charles Kress

BIRTHPLACE (city or town) (State or country) Balto Md.

MAIDEN NAME Henkmann

BIRTHPLACE (city or town) (State or country) " "

FORMANT Mrs. Arthur Kroft

Address) 2209 Lake Ave

RIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 21 1935

DERTAKER John A. Gorey

Address) 715 Gough St Huntington Williams,

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Hypostatic Pneumonia	June 11
Other contributory causes of importance:	
Fracture Left Femur +	May 12 1935
" " Humerus	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or hom... Accident Date of injury May 12, 1935

Where did injury occur? 2307 E. Oliver St (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place in home of step niece

Manner of injury Fell - tripped on a rug

Nature of injury Fracture left humerus + Femur

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

M.D. (Signed) H. M. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 13699

F 13699

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-13 Hospital

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME August Stanke

(a) Residence: No. 1449 Woodall St Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Augusta Stanke

6. DATE OF BIRTH (month, day, year) March 26 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME OF FATHER Carl Stanke

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Fuegen ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross 6-21 1935

19. UNDERTAKER Bernard E Harder

(Address) 121 E West St Huntington Indiana

20. FILED JUN 19 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw him alive on June 17 1935 Death is said to have occurred on the date stated above, at 4.15 AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1933
Other contributory causes of importance: Cirrhosis of Liver Enlarged Spleen	?

Was an operation performed? .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel A Cook M.D.

(Address) Balto City Hospital

D. B. 1268-9

F 13700

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13700

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3022 Guilford Av., 12 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 90 yrs. 8 mos. 15 ds. How long in U. S. If of foreign birth 90 yrs. 8 mos. 15 ds.

2. FULL NAME Annie Matilda Owings — No War Service

(a) Residence: No. 3022 Guilford Av. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry Clinton Owings

DATE OF BIRTH (month, day, year): Aug 2/1844

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	90	8	15	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

8. Date deceased last worked at this occupation (month and year): none

11. Total time (years) spent in this occupation: none

BIRTHPLACE (city or town) (State or country): Balto. Maryland

13. NAME: Edward J Richardson

14. BIRTHPLACE (city or town) (State or country): Harford Co. Maryland

15. MAIDEN NAME: Matilda M Kennard

16. BIRTHPLACE (city or town) (State or country): Hickorylin Maryland

INFORMANT (Address): Harry W Owings - (son) 3022 Guilford Av

BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: June 20/35

UNDERTAKER (Address): Stewart & Co. 108 W. Mt. Ave.

1935 — Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1935. to June 17, 1935

I last saw h alive on June 17, 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia — Date of onset

Other contributory causes of importance:

Arterio Sclerosis - Myocardium - Nephritis — about

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) E H Owings, M. D.

(Address) 1733 Lucas Ave

M. D. B. 1268-4

F 13701

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13701

CERTIFICATE OF DEATH

✓ 108

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 950 W. Lombard St., 18 Ward)

Length of residence in city or town where death occurred 73 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Bridget A. Coan

(a) Residence: No. 950 W. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June 1862

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Patrick Coan

14. BIRTHPLACE (city or town) (State or country) Ireland.

15. MAIDEN NAME Margaret E. Kelly

16. BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Miss Sarah C. Ryan

(Address) # 950 W. Lombard St.

BURIAL, CREMATION, OR REMOVAL

Place St. Peter's Cem Date 6/ 1 1935

UNDERTAKER John J. Cowan & Son

(Address) # 901 Hollins Street

Huntington Williams, M.D.
Registrar

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/ 18/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/17 1935 to 6/18 1935

I last saw h.w alive on June 18, 1935. Death is said to have occured on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Lobar Pneumonia.	6/17/35
Othec contributory causes of importance:	
Chronic Ent. Nephritis	1 yr.

Name of opecation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify

(Signed) Thos Horton, M. D.

(Address) 838 N. Linwood Ave

H. D. B. 1268-B

Pitkevits

F 13702

HEALTH DEPARTMENT—CITY OF BALTIMORE

13702

CERTIFICATE OF DEATH

93-e

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 887 W. Fayette St. 18 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? 30 yrs. ... mos. ... da.

2. FULL NAME Mary Pitkevits

(a) Residence: No. 887 Fayette St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony Pitkevits

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 65	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Poland

13. NAME

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Poland

INFORMANT Karol Pitkevits

(Address) 887 W. Fayette St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Cem. Date June 20, 1935

UNDERTAKER Wm. L. Fialkowski

(Address) 2007 Eastern ave

FILED 1935 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1934 to June 18, 1935.

I last saw her alive on June 18, 1935. Death is said to have occurred on the date stated above, at 7 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2 days
Other contributory causes of importance: Chronic Myocarditis.	3 yrs.

Name of operation None Date of ...

What test confirmed diagnosis? P.M. & S. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? None Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Edward V. Fialkowski M. D.

(Address) 1802 Eastern Ave

D. B. 1268-9

F 13703

13703

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2816 Norfolk ave St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. — mos. — ds. How long in U. S. If of foreign birth? ..yrs. mos. ds.

2. FULL NAME Sophia Idlein

(a) Residence: No. 2816 Norfolk ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: John Idlein

6. DATE OF BIRTH (month, day, year): Jan 20/1890

7. AGE: Years: 45 | Months: 4 | Days: 29 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Newark N.J.

13. NAME OF FATHER: Max Goldman

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME OF MOTHER: Miriam Handelman

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): John Idlein 2816 Norfolk ave

18. BURIAL, CREMATION, OR REMOVAL: Place Rosedale Date June 20 1935

19. UNDERTAKER (Address): Fol Lewison & Bros 1127 E Balto st.

DATE 1935 Funeral Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from no 1932 to June 19, 1935

I last saw her alive on June 16, 1935. Death is said to have occurred on the date stated above, at 1A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	
	6 days

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify. .....

(Signed) Isidor L Levy, M. D.

(Address) 2324 Eutaw Place

F 13704

13704 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X ✓ 157-D

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)

If birth of residence in city or town where death occurred ...yrs. ...mos. 11 da. How long in U. S. If of foreign birth? ...yrs. ...mos. ...da.

If U. S. Veteran specify WAR

2. FULL NAME Edward Long

(a) Residence: No. 447 Williams - Cumberland Ward Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 25 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
26	10 11	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Book Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Md

13. NAME OF FATHER Henry R. Long

14. BIRTHPLACE (city or town) (State or country) Cumberland Md

15. MAIDEN NAME OF MOTHER M. Schenck

16. BIRTHPLACE (city or town) (State or country) Cumberland

17. INFORMANT Hospital Record

(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Cumberland Date 6-19-1935

19. UNDERTAKER W. J. Tichnor Son

(Address) Cumberland Md

20. FILED 6-19-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-9, 1935, to 6-19, 1935. I last saw him alive on 6-19, 1935. Death is said to have occurred on the date stated above, at 10:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cleft Palate	Life
	over

Other contributory causes of importance: acute cardiac failure

Was an operation performed? Yes Date of 6-19-35

For what disease or injury? Cleft palate

Name of operation Staphalorraphy Date of 6-19-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Philip A. Dyszley M. D.

(Address) Maryland General Hosp.

D. B 1265-9

F 13705

Evans

F 13705

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 3004 Arma Cumith and 6 St., Ward)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Joshua Johnson Evans

(a) Residence: No. 3004 Arma Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 7 1859

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	75	6	10	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mason Builder

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

NAME Joshua J. Evans

BIRTHPLACE (city or town) (State or country) Md

MAIDEN NAME Margaret V. Russell

BIRTHPLACE (city or town) (State or country) Cumberland Md

INFORMANT J. Albert Evans

(Address) 3004 Arma Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date 6/20/35 19

UNDERTAKER Frederick A. Cole

(Address) 120 W. Lombard St.

FILED JUN 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. J. Ham, M. D.

Coroner

(Address) 125 Hanover

3706 F 13706

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18-348

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Full yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR
2. FULL NAME William Spears.
(a) Residence: No. 1015 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary.

6. DATE OF BIRTH (month, day, year) 1886.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49.			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter 0070
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Various places
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Spears
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Madison
16. BIRTHPLACE (city or town) (State or country) Md
17. INFORMANT Records Bur't.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Date June 1935
Place Mountain Cem
19. UNDERTAKER (ADDRESS) Wilbur Halsted 1935 6 18 Dud Hall
20. FILED 1935 Registrar

Turned from Hospital

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/15. 1935
22. I HEREBY CERTIFY, That I attended deceased from 6/11, 1935 to 6/15, 1935
I last saw him alive on 6/15, 1935 Death is said to have occurred on the date stated above, at 5 50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningococcus, meningitis	6 days
Other contributory causes of importance:	over

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Peter M. D.
(Address) Balto City Hosp.

3707 E 13707

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 5 Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR ..... No

2. FULL NAME Robert Anderson.

(a) Residence: No. 109 Aisquith St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mame.

6. DATE OF BIRTH (month, day, year) 9/9/1865.

7. AGE: Years 69 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stock room

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Main B & O R R

10. Date deceased last worked at this occupation (month and year) 1873

11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Joseph E Anderson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Lucy Wade.

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT (Address) Mrs Mamie C Anderson 1651 Linden Ave North Ave

18. BURIAL, CREMATION, OR REMOVAL Place Berryville Va Date June 19 1935

19. UNDERTAKER (Address) Interstate Coach 417 St Paul Street

20. FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17. 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/29. 1934 to 6/17. 1935

I last saw him alive on 6/17. 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp.

F 13708

H. D. B. 1208-9

13708 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ✓ 23

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3726 Chestnut Ave. St. 13 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph G. Handy.

(a) Residence: No. 3726 Chestnut Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec 4, 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) md

13. NAME Samuel Handy.

14. BIRTHPLACE (city or town) (State or country) Pa.

15. MAIDEN NAME Mary E. Leonard

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Samuel Handy.

(Address) 3726 Chestnut Ave.

BURIAL, CREMATION, OR REMOVAL

Woodlawn Baltimore Co. Md. Date June 21, 1935

UNDERTAKER Thanowood Inc.

(Address) 3610 Chestnut Ave.

DATE RECEIVED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 35, 19 to June 19 35, 19 I last saw him alive on June 18, 1935. Death is said to have occurred on the date stated above, at 12:25 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. H. von Dreele M. D.

(Address) 8466 W 36th St Pikesville

J. H. VON DREELE, M.D.

c—1-30—M. & T.—250 Blks

F 13709

13709

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

46-E

REGISTERED NO.

1-PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 119 N. Clement St. ST., 24 WARD 23 Pl)

2-FULL NAME William R. Kelly.

(a) RESIDENCE NO. 119 N. Clement St. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

ngth of residence in city or town where death occurred 70 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

X	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	White	Widower

n ~~single~~ widowed, of ~~XXXXXX~~ HUSBAND of ~~XXXXXX~~ wife of Caroline Kelly.

TE OF BIRTH (month, day, and year) May 19, 1865

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	0	29	

CCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Boiler maker helper. Retired 1930

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

RTHPLACE (city or town) (State or country) Baltimore, Md.

NAME OF FATHER John Kelly.

BIRTHPLACE OF FATHER (city or town) (State or country) Maryland.

MAIDEN NAME OF MOTHER Elizabeth Hall.

BIRTHPLACE OF MOTHER (city or town) (State or country) Maryland.

Informant (Address) Marie Stegman. (daughter) 119 N. Clement St.

Filed ... 1935 ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17, 1935

17 I HEREBY CERTIFY, That I attended deceased from May, 1933, to June 17th, 1935,

that I last saw him alive on June 17th, 1935,

and that death occurred, on the date stated above, at 4.15 P. M.

The CAUSE OF DEATH* was as follows:

Carcinoma of the Liver.

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (Secondary) Exhaustion

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At home.

Did an operation precede death? No. Date of

Was there an autopsy? No.

What test confirmed diagnosis? Clinical diagnosis.

(Signed) Otto M. Reinhardt, M. D.

6/17 1935 (Address) 1017 E. Charles St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Olivet.

DATE OF BURIAL 6/20 1935

20 UNDERTAKER J. F. McConlly

ADDRESS 1300 E. Fay

D. B. 12 13710 ✓ F 13710

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1121 Hanover St. St., 23 Ward)

Length of residence in city or town where death occurred 65 yrs. 4 mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Michael J. McMahon.

(a) Residence: No. 1121 Hanover St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ---------

DATE OF BIRTH (month, day, year) February 10, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	7	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 54 00

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

NAME John McMahon.

BIRTHPLACE (city or town) (State or country) Ireland.

MAIDEN NAME Ann McMahon.

BIRTHPLACE (city or town) (State or country) Ireland.

INFORMANT Annie McMahon. (sister)

(Address) 1121 Hanover St.

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 20 1935

UNDERTAKER Rita Niedfeld

(Address) 914 Greenmount Ave

JUN 20 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10.00 m. p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Inquiry Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Otto K. Steinhardt M. D.
Coroner

6/18/35 Address 1017 E. Charles St.

D. B. 13[illegible] F 13711 ✓ F 13711

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Katherine Sullivan

(a) Residence: No. 122 W. 27th St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Charles S.

DATE OF BIRTH (month, day, year) Dec. 6 - 1888

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	46	6	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME OF FATHER Michael Long

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Annie Gorman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles Sullivan

(Address) 717 E. 34th St

18. BURIAL, CREMATION, OR REMOVAL

Place St. Peters Date June 21 . 1935

19. UNDERTAKER Fila Riedefeld

(Address) 914 Fairmount Ave

20. FILED 1935 Huntington Wilkinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 34 . 19 to June 18 . 1935

I last saw her alive on June 18 . 1935 Death is said to have occurred on the date stated above, at 3:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Glomerular Nephritis with hyperthyroidism Exhaustion	18 yrs 1 day

Other contributory causes of importance: Involutional Melancholia

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian P. Garcia M. D.

(Address) 3326 Fredrick Ave

D. P. 17-9 F 13712 ✓ F 13712

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 15 Ward)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Moon

(a) Residence: No. 1443 N. Mount St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Aa	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	11		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
8. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Gainesville Ga

10. NAME Dorsey moon

11. BIRTHPLACE (city or town) (State or country) Ga

12. MAIDEN NAME Serency Price

13. BIRTHPLACE (city or town) (State or country) Ga

14. INFORMANT Serency Moon (mother)
(Address) 1443 N Mount St

15. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn cemty Date 6/20 19 35

16. UNDERTAKER Thomas E Kelson
(Address) 1303 Presstman st.

17. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-15 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-13 , 1935 , to 6-16 , 1935

I last saw him alive on 6-15 1935 Death is said to have occurred on the date stated above, at 11½ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Lobar Pneumonia	6-7-35

Other contributory causes of importance:

Rheumatic Heart Disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.

(Address) Provident Hosp.

2-29-28—L. F. S.—500 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

13713

F 13713

CERTIFICATE OF DEATH

72-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

OF BALTIMORE: (No. 701 Cator Ave. ST., 9 WARD)

FULL NAME William W. Coale

RESIDENCE NO. 701 Cator Ave. ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

arried, widowed, or divorced USBAND of or) WIFE of Mary A. Coale

OF BIRTH (month, day, and year) March 4, 1871

Years	Months	Days	If LESS than 1 day, hrs. or min.
64	3	14	

PATION OF DECEASED

Trade, profession or cular kind of work Carpenter

General nature of industry, ess, or establishment in employed (or employer) do

Name of employer

IPLACE (city or town) Harford County
e or country) Md.

AME OF FATHER William A. Coale

IRTHPLACE OF FATHER (city or town)
tate or country) Md.

AIDEN NAME OF MOTHER Watson

IRTHPLACE OF MOTHER (city or town)
tate or country) Md.

formant Mrs Mary A. Coale

ddress) 701 Cator Ave.

Huntington Williams, M.D.

1935 , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 17 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov 4 1934 to June 17 1935

that I last saw h alive on June 17 1935

and that death occurred, on the date stated above, at m.

The CAUSE OF DEATH* was as follows: Obstruction and Tumor

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremic Myocarditis

Leukemia (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Claud Simms, M. D.

6/1 1935 (Address) 4152 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Union Chapel, Harford Co

DATE OF BURIAL June 20, 1935

UNDERTAKER E. Leroy Stiffler, Jr

ADDRESS 2328 N. Ave

F 13714

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 518 W Franklin St., 17 Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR no service

2. FULL NAME Frederick C Smith

(a) Residence: No. 518 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Smith

6. DATE OF BIRTH (month, day, year) Nov 5-1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer Pub School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation (month and year) 3 Mths | 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME OF FATHER John Smith

14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME OF MOTHER Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Mrs Anna Smith

(Address) 518 W Franklin St

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem Date June 22 1935

19. UNDERTAKER Cohen Weinert

(Address) 2008 Mc Cans

20. FILED 20 1935 Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27, 1935, to June 19, 1935

I last saw h. alive on June 19 Death is said to have occurred on the date stated above, at 12 25 a.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary edema — Date of onset 6/18/35

Other contributory causes of importance:

Myocardial insufficiency — 7

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify

(Signed) Frank Levinson, M. D.

(Address) 2301 Eutaw Place

F 13715

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13715

CERTIFICATE OF DEATH

191

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Bolts City Hospitals Ward) 16

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frieda Maier

(a) Residence: No. 504 S. Savage St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced
(HUSBAND of or) WIFE of Fritz Maier 1900

DATE OF BIRTH (month, day, year) Oct 12 1844

6. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	8	6	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none housework 37

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month, day, year) June 17 1935. 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Rheinland Germany

NAME Henry Mosler

BIRTHPLACE (city or town) (State or country) unknown Germany

MAIDEN NAME Paulisson unknown

BIRTHPLACE (city or town) (State or country) unknown Germany

INFORMANT Fritz Maier

Address) 504 S. Savage st

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem Date June 20 1935

UNDERTAKER John Ulmer & Son

Address) 2008 Eastern Ave

FILED June 20 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 6 P.m.

The principal cause of death and related causes of importance were as follows:

Heat prostration — Date of onset June 17 1935

Other contributory causes of importance:

Unknown

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) H. Wright Coroner, M. D.

(Address) 100 S. Gilmor St

D. B. 1262-9

F 13716

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13716

CERTIFICATE OF DEATH

211-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. ..... St., No. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Frances E. Graczyk

(a) Residence: No. 1804 Dunbar Road Dundalk Md St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, and year) Sept 27 - 1911

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	8	22	

Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Worker in Natural Bristle

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 1 yr 8 mo

BIRTHPLACE (city or town) (State or country) Baltimore Md

Name Stanley Graczyk

BIRTHPLACE (city or town) (State or country) Poland

Name of Father Ludwik Lelinski

BIRTHPLACE (city or town) (State or country) Md

Name of Mother Frances Graczyk

Informant Address 1804 Dunbar Road Dundalk

BURIAL, CREMATION, OR REMOVAL

Place St Stanislaus Cem. Date June 22 1935

UNDERTAKER John Merick

(Address) 2008 Orleans St

Date 6-20-1935 Filed Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on 6/18, 1935. Death is said to have occurred on the date stated above, at 3:10 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull	6/18/35

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/18, 1935

Where did injury occur? Trappe Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Fell off rear of motor cycle

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

Motor Cycle Accident M. D.

Coroner

(Address) 541 Fed Hill

F 13717 F 13717

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Martha Tillsman

(a) Residence: No. 1718 Druid Hill Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Freeman.

6. DATE OF BIRTH (month, day, year) June.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blackstone, Va

13. NAME James Davis.

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Julia ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Dr.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cemetery Date June 22d 1935

19. UNDERTAKER Arch. E. D. Judkins

(Address) 2111 E. Eutaw St.

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1935 to 6/18, 1935

I last saw her alive on 6/18, 1935. Death is said to have occurred on the date stated above, at 12½ a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of rectum & metastases to Lungs & Liver — Date of onset 6 wks.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

D. P. 1268-9 F 13718

00314 F 13718

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 51-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph D Watkins

(a) Residence: No. Germantown St., Montgomery Co Md Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1-27-70

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Lorenzo Watkins

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jane Dawson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Grove Date June 23 35

19. UNDERTAKER J Bradley Inc

(Address) Baltimore Md

FILED 19 Registrar.

JUN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9 1935 to June 20 1935

I last saw him alive on June 20 1935 Death is said to have occurred on the date stated above, at 4:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypernephroma, Kidney, Rt	Aug '33
Uremia	6-15-35
Myocardial Failure	6-15-35

Other contributory causes of importance:

Name of operation Nephrectomy Rt. Path. Exam Date of 6-14-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Carroll C. Stauff M. D.

(Address) Johns Hopkins Hosp

D. P. 1268-9

F 13719

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13719

CERTIFICATE OF DEATH

94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 Fayette St., 4 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Harry Robinson

(a) Residence: No. 717 Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Lucy Robinson

DATE OF BIRTH (month, day, year) Nov 12, 1857

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	7	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retailer Oil

10. Date deceased last worked at this occupation (month, day, year) 1930

11. Total time (years) spent in this occupation 50

BIRTHPLACE (city or town) (State or country) Va

13. NAME Hungerford Robinson

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ann Brown

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Agnes Dodd
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date June 22 1931

UNDERTAKER Mrs Robert A Elliott & Daughter
(Address) 329 Harlem Ave

FILED 6 1931 Huntington Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19/31

22. I HEREBY CERTIFY, That I attended deceased from 6/17/30 to 6/19/31

I last saw him alive on 6/18/31. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Coronary sclerosis	9 yrs
Arteriosclerosis	1 yr
Acute dilatation of the heart	1 wk
Thrombosis of the coronary artery	1 wk

Other contributory causes of importance:

Hypertension

Name of operation Date of

What test (if any) confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) A. Lee Ellis M. D.

M.D. (Address) Gaithersburg Md

F 13720

Dr Henry – Lib 6[illegible]

3411 Everett Parkway

F 13720

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-2

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 2817 Boarman St., 15 Ward)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME Israel Davis

(a) Residence: No. 2817 Boarman Ave. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Ethel

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
53			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing Presser

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Russia

10. NAME Nathan Davis

11. BIRTHPLACE (city or town) (State or country) Russia

12. MAIDEN NAME Getta

13. BIRTHPLACE (city or town) (State or country) Russia

14. INFORMANT Ethel Davis - wife

(Address) 2817 Boarman

15. BURIAL, CREMATION, OR REMOVAL Date 6/20/35

Levi Mt. Lawn Mem. Park

16. UNDERTAKER Jack Lewis Inc.

(Address) 1433 E. Baltimore St.

FILED 6/20 1935 Harrington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 17, 1935

I last saw him alive on June 17, 1935. Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 6/8/35

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation ..... Date of .....

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Harrington Williams M. D.

(Address) 3411 Forest Park Ave

D. P. H. 268-a F 13721

F 13721

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 94-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4302 Park Heights Ave. St., 45 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? 13 yrs. mos. ds.

2. FULL NAME Brina Chrestein

(a) Residence: No. 4302 Park Heights St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	White	Widow

If married, widowed, or divorced HUSBAND of (or) WIFE of Friendel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Samuel Kaplan

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Perid

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Frieda Chrestein
(Address) 4302 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL Pikesville Rd Date 6/20-35

19. UNDERTAKER Jack Levin & Co
(Address) 1439 E. Baltimore St

20. FILED JUN 20 1935 Harrington Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1935, to 6-19, 1935

I last saw her alive on 6-17, 1935. Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6-19-35
Hypertension	
Arteriosclerosis	

Other contributory causes of importance:

Chr. Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin, M. D.

(Address) 2037 Park Ave.

D. B 1368-0

3722

HEALTH DEPARTMENT—CITY OF BALTIMORE

B 13722

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 27 yrs. 11 mos. 22 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Marie Nelson

(a) Residence: No. 114 (Usual place of abode) Fayette St., ... Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Wesley Nelson

6. DATE OF BIRTH (month, day, year) 7 6 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	11	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tower Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coat

10. Date deceased last worked at this occupation (month and year) June 17 32

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Baltimore md

13. NAME OF FATHER George P. Nelson

14. BIRTHPLACE (city or town) (State or country) St. Marys County Md

15. MAIDEN NAME OF MOTHER Eva H. Upper

16. BIRTHPLACE (city or town) (State or country) St. Marys County Md

17. INFORMANT (Address) Thomas L. Nelson Brother 716 S. Mosher St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 22 1932

19. UNDERTAKER (Address) J. A. Brooks 1463 N. Carey St

20. FILED 6 20 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 17 32 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on June 17 32 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis following Rupture of Appendix	

Other contributory causes of importance:

no evidence of other disease.

Name of operation autopsy Date of ...

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Thos. H. Phillips, M. D. Coroner

(Address) ...

D. B. 1268-9

3723 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13723

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1938 Edmondson Avenue St., 16 Ward)

Length of residence in city or town where death occurred 70 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Edward Fahey

(a) Residence: No. 1938 Edmondson Avenue St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or) WIFE of Helen Quenzel

6. DATE OF BIRTH (month, day, year) Dec. 23, 1860

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ...min.
	74	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frostburg Maryland

13. NAME Edward Fahey

14. BIRTHPLACE (city or town) (State or country) -------- Ireland

15. MAIDEN NAME Bridget Cummings

16. BIRTHPLACE (city or town) (State or country) -------- Ireland

17. INFORMANT Mrs. Josephine Andrews

(Address) 1938 Edmondson Avenue

18. BURIAL, CREMATION, OR REMOVAL Place Loudon Park Cem. Date 6/21 19 35

19. UNDERTAKER Henry W. Mears & Son

(Address) 908 N. Eutaw St.

FILED ..... 19 ..... Registrar.

JUN 19 1935 Interment, Pittsburg, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Apr 30th, 1935 to June 19th, 1935

I last saw him alive on June 19th, 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

Senile Cardio-Vascular Renal Disease — Date of onset .....

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. P. Quenzel, M. D.

(Address) 3815 W. North Ave

F 13724 F 13724

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-C

Registered No. 6

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hosp. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John Henry Moelter If U. S. Veteran specify WAR

(a) Residence: No. 2214 E. Fairmount Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

ATE OF BIRTH (month, day, year) 11/17/81.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	7	0	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Produce Dealer

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail

. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent at this occupation

IRTHPLACE (city or town) (State or country) Balto Md

3. NAME Anthony Moelter

4. BIRTHPLACE (city or town) (State or country) Germany

5. MAIDEN NAME Anna Vogelsang

6. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT John Moelter

(Address) 2214 Fairmount Ave

URIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date 6/21/35 19

NDERTAKER Philip Henrig Sons

(Address) 2016 Eastern Ave

LED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/17, 1935

I last saw him alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 5½ m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of bronchus — Date of onset 2 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hospital

F 13725 F 13725

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hosp. St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

rth of residence in city or town where death occurred? Since 1857 How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Fannie Norton

(a) Residence: No. 820 Willow St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Wm H. Norton

ATE OF BIRTH (month, day, year) 12/5/1850.

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84.	7	13	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va.

9. NAME Wm Gibbs Sinclair

10. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME — Worsham.

16. BIRTHPLACE (city or town) (State or country) ?

NFORMANT Records BeH.
(Address)

URIAL, CREMATION, OR REMOVAL Woodland Mem Pk Date 6/21/35 19

NDERTAKER Philip Henrig Sons
(Address) 2016 Orleans St

20 1935 Huntington Williamsport Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/18, 1935

I last saw her alive on 6/18, 1935 Death is said to have occurred on the date stated above, at 8 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia	4 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reito, M. D.

(Address) Balto City Hosp

D. P. Ecs-1 F 13726

F 13726

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals, 15 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Sales

(a) Residence: No. 850 N Fremont St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 18, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 2 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME James Coats

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Catherine Sales

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Catherine Sales, mother.

(Address) 1850 N Fremont St

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 20, 1935

19. UNDERTAKER

(Address)

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18, 1935

22. I, HEREBY CERTIFY, That I attended deceased from June 8, 1935 to June 8, 1935

I last saw her alive on June 8, 1935 Death is said to have occurred on the date stated above, at 11:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth L. Langelueddig, M. D.

(Address) Baltimore City Hospitals

F 13727

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 98

PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Jake Crowley

If U. S. Veteran specify WAR .....

(a) Residence: No. Baltimore City Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Unknown

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Phil Crowley

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME OF MOTHER Dora Feladay

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hospital Record
(Address)

BURIAL, CREMATION, OR REMOVAL

Place University of Md Date June 20, 1935

18. UNDERTAKER Huntington Williams, Inc.
(Address) Huntington, W. Va.

1935 1482

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 16 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 to June 16 1935

I last saw him alive on June 16 1935 Death is said to have occurred on the date stated above, at 8:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrene foot Right Arteriosclerotic	2 Months
Diabetes - Pneumonia	6/5/35

Other contributory causes of importance

Was an operation performed? Yes Date of 6/3/35

For what disease or injury Gangrene foot

Name of operation Amputation Leg Date of 6/13/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Samuel Kopf M. D.

(Address) Balto City Hosp

F 13728

D. F 13728

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1719 Harlem Ave St. 16 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emily Cornelia Forrest

(a) Residence: No. 1719 Harlem Ave St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug 14 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	6	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HW

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME of FATHER George H. Forrest

14. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

15. MAIDEN NAME of MOTHER Mary Bennett

16. BIRTHPLACE (city or town) (State or country) St. Mary's County Md.

17. INFORMANT George H. Forrest

(Address) 1719 Harlem Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/21 1935

19. UNDERTAKER Robert L. Young

(Address) 804 N. Caroline St.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15 1935, to June 18 1935

I last saw her alive on June 17 1935. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset March 1935

Other contributory causes of importance:

Pleurisy & effusion — March 15 1935

Name of operation None Date of

What test confirmed diagnosis? Sputum Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. F. Young M. D.

(Address) 1729 E. Monument St

D. B. 1268-9

13729 F. 13729

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1st mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mansfield Bishop, M.D.

(a) Residence: No. 2024 Druid Hill Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Delores

6. DATE OF BIRTH (month, day, year) 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dr
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (City or town) (State or country) Maryland

13. NAME OF FATHER Samuel Bishop

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Martha ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Delores Bishop
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 6/20/35 19

19. UNDERTAKER Geo. W. Miller
(Address) 1218 N. Mt. Street

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-17- 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-2- 1935 to 6-17- 1935

I last saw h[illegible] alive on 6-17- 1935 Death is said to have occurred on the date stated above, at 1[illegible] a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2-27-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Calvin B. LeCompte M. D.
(Address) Provident Hosp.

B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13730

CERTIFICATE OF DEATH

Registered No. 207-G

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 100 ft E Lime St Bridge St. 12 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Not known (Unidentified Negro)

(a) Residence: No. Not known St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Negro	—

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town)
(State or country)

NAME

BIRTHPLACE (city or town)
(State or country)

MAIDEN NAME

BIRTHPLACE (city or town)
(State or country)

INFORMANT
(Address) Supervisor Kennedy

BURIAL, CREMATION, OR REMOVAL

Place Potters Field Date 19

UNDERTAKER
(Address)

FILED ..... 19 .....

MEDICAL CERTIFICATE OF DEATH

Found

21. DATE OF DEATH (month, day, year) June 15 . 19 25

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cut to pieces by M K Train	—

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 15 . 1925
Where did injury occur? B & O R R tracks. Balto.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ..... Yard
Manner of Injury .....
Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Coroner, M. D.
(Address) Coroner's

1925

E 13731

HEALTH DEPARTMENT—CITY OF BALTIMORE

13731

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3211 Lyndale Ave. Ward) 8

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James J. Flynn.

(a) Residence: No. 3211 Lyndale Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Flynn

6. DATE OF BIRTH (month, day, year) Nov. 30 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. Railroad

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Engineer

10. Date deceased last worked at this occupation (month and year) 1873 | 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Matthew Flynn

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Conroy

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mary W. Flynn

(Address) 3211 Lyndale Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 22, 1935

19. UNDERTAKER Lilly & Wilde Inc.

(Address) 713 La Vale St.

20. Filed June 22, 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to June 19, 1935

I last saw him alive on June 19, 1935 Death is said to have occurred on the date stated above, at 7:17 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/3/35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Benj. W. Hayden, M. D.

(Address) 46 E. Centre St.

D. B. 1268-0

F 13732

3732 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ×51-C

. PLACE OF DEATH

TY OF BALTIMORE: (No. Univ. Hosp. St., Balto Md. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Henry Behn Hollywood

(a) Residence: No. Florida St., Ward. Florida

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
ale	White	married

If married, ~~widowed or divorced~~
HUSBAND of ~~WIFE of~~ Clara M. Behn

ATE OF BIRTH (month, day, year) May 11th 1864

GE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	1	9	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

9. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 16

BIRTHPLACE (city or town) (State or country) Germany

12. NAME John Behn

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

NFORMANT Clara Behn

(Address) 1506 E. Federal St

URIAL, CREMATION, OR REMOVAL

Place London Park Date June 24th 1935

NDERTAKER Wm Cook

(Address) 1317 E. Pratt St

1935 ...19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935, to June 20, 1935

I last saw ~~him~~ alive on June 20, 1935. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malignancy of Prostate ~~cancer~~	3 yrs.

Other contributory causes of importance:

Secondary Anemia	1 yr.
Urinary Retention	4 wks.
Hypertensive C-V. Disease	2 yrs.

Name of operation Prostatic Cystotomy Date of 6/11-12/35

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of Injury None 19...

Where did injury occur? None, (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None

Manner of injury None.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. D. Carter M. D.

(Address) Univ. Hosp. Balto. Md.

F 13733

13733 HEALTH DEPARTMENT—CITY OF BALTIMORE

47-B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Antonio (Anthony) Geppi

(a) Residence: No. 1400 Poplar Grove st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Rose Geppi

6. DATE OF BIRTH (month, day, year) April 29, 1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56	1	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fruit Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self
10. Date deceased last worked at this occupation (month and year) Jan 1932
11. Total time (years) spent in this occupation 43

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME John Geppi

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Olivia Geppi

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date June 24 19 35

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 19 35

22. I HEREBY CERTIFY, That I attended deceased from June 6 19 35 to June 19 19 35

I last saw him alive on June 19 19 35. Death is said to have occurred on the date stated above, at 6:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of lungs	March 1935

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Baltimore City Hospital

(Kate A. Godwin)

13734 F 13734

13734 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 27 Ward)

Length of residence in city of death where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

FULL NAME Rev Benjamin Godwin

(a) Residence: No. 4605 York Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~ Married, ~~Widowed~~ or ~~Divorced~~ (write the word)
male	White	Married

~~If married, widowed or divorced~~ (or) WIFE of Benjamin T. Godwin

6. DATE OF BIRTH (month, day, year) May 17th 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	1	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Harford Co Md

13. NAME OF FATHER George W. Hooker

14. BIRTHPLACE (city or town) (State or country) Balto Co Md.

15. MAIDEN NAME OF MOTHER Martha W. Howard

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. NAME OF INFORMANT Benjamin T. Godwin

(Address) 4605 York Rd

18. BURIAL, CREMATION, OR REMOVAL Place Loud M. E. Cemetery Date June 22nd 35

19. NAME OF UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6 - 20 , 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-3-35, 19..., to 6-19-35, 19...

I last saw h[illegible] alive on 6-19, 1935. Death is said to have occurred on the date stated above, at 5:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	1928
Arteriosclerosis generalized	192 –
Gangrene of foot left	5-10-35
Other contributory causes of importance: Staphylococcus aureus infection	5-3-35

Was an operation performed? yes Date of 6-8-35

For what disease or injury? Infection

Name of operation Incision & drainage Date of 6-8-35

What test confirmed diagnosis? Bl Sugar Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify None

(Signed) Henry M. Hansen M. D.

(Address) Union Memorial Hospital

O. B 1268-9

(Trulli)

F 13735

3735

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 93-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 2111 E. Pratt St., 1 Ward)

gth of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Thomas Trulli

(a) Residence: No. 2111 E. Pratt St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

married, widowed, or divorced) HUSBAND of or) WIFE of Mary D'Agroackino Trulli

TE OF BIRTH (month, day, year) Dec 21 1887

E	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
47	48	5	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. shoe repairer

Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self

Date deceased last worked at this occupation (month and year) June 19 1935

11. Total time (years) spent in this occupation

RTHPLACE (City or town) Abruzzi
State or country) Italy

NAME Antony Trulli

BIRTHPLACE (city or town) Abruzzi
(State or country) Italy

MAIDEN NAME

BIRTHPLACE (city or town) Abruzzi
(State or country) Italy

FORMANT Grace D'Agroackino
(Address) 3308 Gardiner Blvd.

RIAL, CREMATION, OR REMOVAL
Place Maryland Park Date June 22nd 1935

DERTAKER Wm Cook
(Address) 1217 St Paul St

ED June 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	June 19 1935
during attack of acute gastritis	

Other contributory causes of importance:

Bronchial asthma

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) W. W. Wright Coroner, M. D.

(Address) 1010 S. Edmondson Ave.

D. B. 1268-9

F 13736

590

HEALTH DEPARTMENT—CITY OF BALTIMORE

13736

CERTIFICATE OF DEATH

122-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME John O'Keefe

(a) Residence: No. 1050 N. Gay St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Agnes

DATE OF BIRTH (month, day, year) 4/1/1859

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	2	17	

3. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
4. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Co
5. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md -

13. NAME Maria O'Keefe

14. BIRTHPLACE (city or town) (State or country) Mass -

15. MAIDEN NAME Mary Flanigan

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Records -
(Address) [illegible]

BURIAL, CREMATION, OR REMOVAL
Place Woodland Park Date June 20th 1935

UNDERTAKER Wm Cook
(Address) 147 E Fayette St

FILED 6-1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 1935 to June 18 1935
I last saw him alive on June 18 1935 Death is said to have occurred on the date stated above, at 10 20a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism and Heart Failure	6 16 35
Other contributory causes of importance: Post operative hernia repair (strangulated)	

Name of operation Repair (strangulated Hernia Date of 6/16/35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) [illegible] M. D.

(Address) [illegible]

D. B. 1268-9

F 13737

3737

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-0

1. PLACE OF DEATH South Baltimore General Hosp. Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St. St., 11 Ward)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Bessie Bond

(a) Residence: No. 209 E Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fmal

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

If ~~married~~, widowed, ~~or divorced~~ HUSBAND of (or) WIFE of: William H. Bond

6. DATE OF BIRTH (month, day, year): About 1871

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self

10. Date deceased last worked at this occupation (month and year): X

11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): St Michaels Md

13. NAME OF FATHER: Joseph Newman

14. BIRTHPLACE (city or town) (State or country): St Michael Md.

15. MAIDEN NAME OF MOTHER: Margaret Everett

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT (Address): Mrs Nellie Watson 209 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL: Place St Marys Hampstead Date June 21st 1935

19. UNDERTAKER (Address): Wm Cook 121 St Paul St

20. FILED 6-21-1935 Huntington Williams, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11. 1935 to June 20. 1935

I last saw him alive on. June 20. 1935 Death is said to have occurred on the date stated above, at 8:45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
& hemiplegia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) James [illegible] M. D.

(Address) 1213 Light St

D. B. 1268-9

✓ F 13738

13738
366837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3 Ward)

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Williams

(a) Residence: No. 223 S. Carolin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Black	widowed

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none, odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Albert. cemetery Date June 21, 1935

19. UNDERTAKER Edw Bourne

(Address) 1695 Orleans st

Huntington Williams, M.D.

FILED JUN 1935, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from June-3, 1935 to June-18, 1935

I last saw her alive on June-18, 1935. Death is said to have occurred on the date stated above, at 8 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis, hypertension	?
vascular nephritis	?
uremia	?
vascular retinitis	?
cardiac dilatation & hypertrophy	?

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) R Carmichael Pilcher M. D.

(Address) Johns Hopkins Hospital

D. P. 1268-9

Ouimette

✓ F 13739

HEALTH DEPARTMENT—CITY OF BALTIMORE

13739

CERTIFICATE OF DEATH

X 11B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 7 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marian F Ouimette

(a) Residence: No. 311 F St- Spanns Point- md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/18/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

13. NAME Walfred Ouimette

14. BIRTHPLACE (city or town) (State or country) Chicago Ill

15. MAIDEN NAME anna Fachette

16. BIRTHPLACE (city or town) (State or country) md

17. INFORMANT Records

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 6-22 35

19. UNDERTAKER John J Ryda

(Address) 2511 Hunt [illegible] Huntington Pittsburgh, Pa

19 Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2. 1935 to June 19. 1935

I last saw her alive on June 19. 1935. Death is said to have occurred on the date stated above, at 6 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (B. Influenza)	5-29-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Francis D Schwentker M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

F 13740

HEALTH DEPARTMENT—CITY OF BALTIMORE

13740

CERTIFICATE OF DEATH

94B

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 2641 Hudson St., 1 Ward)

gth of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Adam Beksinski

(a) Residence: No. 2641 Hudson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	white	Married

married, widowed, or divorced) HUSBAND of (or) WIFE of Ida Warczynska Beksinski

TE OF BIRTH (month, day, year) Feb 17 1882

E Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
53	4	3	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. real estate

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private est of

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) (State or country) Gostin Russian Poland

NAME Martin Beksinski

BIRTHPLACE (city or town) (State or country) Gostin Poland

MAIDEN NAME Josefine Nowogonska

BIRTHPLACE (city or town) (State or country) Gostin Poland

FORMANT Casimir Beksinski (son)

Address) 2641 Hudson

RIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date 6-24 19 35

DERTAKER John J. Buda

Address) 2211 Hudson St. Huntington Maryland

D 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 9.45 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	June 19

Other contributory causes of importance:

Workman

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 1010 3. [illegible]

F 13741 ✓ F 13741

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp. St., 4 Ward)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Stephen H. Barnes.

(a) Residence: No. Volunteers of America Hosp. St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year)	Aug 8, 1847			
7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	87 (?)	9	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.
13. NAME Robt. Barnes
14. BIRTHPLACE (city or town) (State or country) Carroll Co Md
15. MAIDEN NAME Sarah Ann Smith
16. BIRTHPLACE (city or town) (State or country) Carroll Co Md
17. INFORMANT PX.
(Address) Carroll Co Md
18. BURIAL, CREMATION, OR REMOVAL
Place Salem M. P. Church Date June 22 1935
19. UNDERTAKER Geo W. Tuttle
(Address) 80 HENDERSON AVE
20. FILED 6 21 1935 Hampton Williamsburg, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 6/19, 1935

I last saw him alive on 6/19, 1935 Death is said to have occurred on the date stated above, at 7:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6 days

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

F 13742

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13742

CERTIFICATE OF DEATH

PLACE OF DEATH Baltimore City Hospital

Registered No. 25

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Dept. St., 16 Ward)

(If not resident of city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Irene Bowley

(a) Residence: No. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 19, 1919

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	15	10	27	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School

9. Date deceased last worked at this occupation (month and year) 1935

10. Total time (years) spent in this occupation Life

11. BIRTHPLACE (city or town) (State or country) Bolton Md.

12. NAME Father John Jennifer

13. BIRTHPLACE (city or town) (State or country) Md

14. MAIDEN NAME Mother Rose Bowley

15. BIRTHPLACE (city or town) (State or country) Md

16. INFORMANT Hosp Record
(Address)

17. BURIAL, CREMATION, OR REMOVAL
Place Mt. Lion Date June 1, 1935

18. UNDERTAKER Mrs Katie R. Williams
(Address) 322 E. Saratoga St.

Huntington Williams, Mgr.

FILED
JUN 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21 1935 to June 1 1935

I last saw her alive on June 16 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance are as follows:

	Date of onset
Peritonitis	Tuberculous 7 Months
Other contributory causes of importance:	Enteritis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) Samuel H. Lapat M. D.

(Address) Bolton City Hospital

F 13743 ✓ F 13743

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-931

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR Wars War

FULL NAME Wilson Holland.

(a) Residence: No. 3 S. Fredericke St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/3/1881

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) (State or country) Balto.

10. NAME OF FATHER Joseph Va.

BIRTHPLACE (city or town) (State or country)

11. MAIDEN NAME OF MOTHER Eliz E. Shores Md.

BIRTHPLACE (city or town) (State or country)

12. INFORMANT P.X.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date June 22, 1935

13. UNDERTAKER Mrs Katie R. Williams

(Address) 322 N. Fairmount St.

14. FILED Huntington Williams, M.D. Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/31, 1934 to 6/17, 1935

I last saw him alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 5-45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 yr.
Other contributory causes of importance:	
	0040

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

3744 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13744

CERTIFICATE OF DEATH 23

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balto City Hosp. 18 Ward)

gth of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME William Jackson.

(a) Residence: No. 941 Sarah Ann St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) 8/?/1864.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	10		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Honolulu

13. NAME Geo. Jackson?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Honolulu.

INFORMANT Records B.C.H.

(Address)

BURIAL, CREMATION, OR REMOVAL

PL Green Mt. Date 6/21 35

UNDERTAKER J. J. Fahey & Son

(Address) 1318 Eight St

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/25, 1934 to 6/17, 1935

I last saw him alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 9:20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of No

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

2 1935

745 RE 13745

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

FULL NAME George Smith

(a) Residence: No. none St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) May 14 1850.

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85	1	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

12. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Adam

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Germany.

INFORMANT Patient.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 6/21 1935

UNDERTAKER J. J. Fisher & Son
(Address) 1118 E. Fayette St

FILED JUN 21 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1935 to 6/17 1935

I last saw him alive on 6/17 1935 Death is said to have occurred on the date stated above, at 12 19 m.

The principal cause of death and related causes of importance were as follows:

	Duration—between onset and death
Bronchopneumonia	5 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp

D. B 1268-9

F 13746

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13746

CERTIFICATE OF DEATH

Registered No. 210-M

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH Fairview Square Hospital (No. 4 St., Ward)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Lee Linzey

(a) Residence: No. 1600 W. Saratoga St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct 14 - 1868

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
66	8	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (City or town) (State or country) Baltimore Md

10. NAME John Linzey

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

13. NAME OF FATHER Lee Vanhant

14. BIRTHPLACE (City or town) (State or country) Baltimore Md

15. NAME OF MOTHER Lucy Stephens

16. Address 1600 W. Saratoga St.

17. BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 22 1935

18. UNDERTAKER Wm. J. Tyler Sons & Frost

(Address) North & Penna Ave.

19. DATE 1935 June 20 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on June 6/20 1935 Death is said to have occurred on the date stated above, at 11:55 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

Fractured Left femur — Date of onset 5/31/35

Other contributory causes of importance:

Chr Nephritis

Name of operation none Date of .....

What test confirmed diagnosis? Xray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 5 1935

Where did injury occur? Baltimore & Green Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Highway

How injury occurred Hit by hit & run driver

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Hubert Baxter Catterlin M.D. Coroner

(Address) 645 Park Ave.

O. B 38-9 13747 ✓ B 13747

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

83-34E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

rth of residence in city or town where death occurred ..... yrs. ..... mos. 6 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Abraham Shannon

(a) Residence: No. Edgemere, Maryland St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Married

married, widowed, or divorced
HUSBAND of (or WIFE of) Lydia Shannon

TE OF BIRTH (month, day, year) March 23, 1877

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
8	57	2	26	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steel Mill 0046

Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

RTHPLACE (city or town) (State or country) England

NAME Warburton

BIRTHPLACE (city or town) (State or country) England

MAIDEN NAME Warburton

BIRTHPLACE (city or town) (State or country) England

FORMANT Lydia Shannon
(Address) Wheeling West Virginia

RIAL, CREMATION, OR REMOVAL
Place Wheeling W. Va Date June 29, 1935

DERTAKER Wm J. Jackson & Sons
(Address) North & Penna Aves.

ED June 19 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paresis	?
Menings-Vascular Lues	

Other contributory causes of importance:

Cerebral Hemorrhage (left)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Paul Wheeler M. D.
Coroner

(Address) 1919 E. North Ave.

F 13748 ✓ F 13748

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

87-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 21 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bernice Jones.

(a) Residence: No. 778 Lamer St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single.

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 11/11/1918

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	7	6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. over

9. Date deceased last worked at this occupation (month and year) 10. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) (State or country) Md.

11. NAME James

12. BIRTHPLACE (city or town) (State or country) Md.

13. MAIDEN NAME Mary Brown.

14. BIRTHPLACE (city or town) (State or country) Md.

15. INFORMANT Records BEA.

(Address)

16. BURIAL, CREMATION, OR REMOVAL

Place Johnson County Date 6/21 1935

17. UNDERTAKER Walter D. Spicer

(Address) 731 Lanvale St.

18. FILED 6/21 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/17 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1935 to 6/17 1935

I last saw her alive on 6/12 1935 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple sclerosis (?)	6 mo

Other contributory causes of importance: over

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

F 13749

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13749

121

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Union Memorial Hosp 33rd & Calvert St., 5 15 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Clinton Root Fouts) Ethel L. Fouts If U. S. Veteran specify WAR

(a) Residence: No. 3710 Forest Park Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Female

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

If married, ~~widowed~~, or ~~divorced~~ (or) WIFE of Clinton R Fouts

DATE OF BIRTH (month, day, year) Sept 26 1876

AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
	58	8	24	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): New York

13. NAME OF FATHER: T. B. Lawson

14. BIRTHPLACE (city or town) (State or country): Canada

15. MAIDEN NAME OF MOTHER: Sarah Milkhane

16. BIRTHPLACE (city or town) (State or country): Mich

INFORMANT: C R Fouts

(Address) 3710 Forest Park Ave

BURIAL, CREMATION, OR REMOVAL

Place: Greenmount Cem Date: June 22 1935

UNDERTAKER: Henry H Jenkins & Son

(Address) Cathedral & Mulberry Sts

FILED 21 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935, to June 20, 1935

I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 12.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suppurative Appendicitis	6-14-35
Localized Peritonitis	6-14-35
Paralytic Ileus	6-19-35

Other contributory causes of importance:

Asthenia cerebris
Myocarditis

Was an operation performed? yes Date of 6-14-35

For what disease or injury? appendicitis

Name of operation Appendectomy Date of 6-14-35

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19..

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Landon Finkelstein, M. D.

(Address) Union Mem. Hospital 34th & Calvert Sts - City

F 13750

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13750

186a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1308 Linden ave St., 11 Ward)

Length of residence in city or town where death occurred 1 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Katherine A. Woods

(a) Residence: No. 1308 Linden ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

Sex: [illegible]

Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

married, widowed, or divorced
HUSBAND of (or) WIFE of: Barry Gary

DATE OF BIRTH (month, day, year): Nov 27 1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	6	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Baltimore Md

NAME OF FATHER: Hiram Woods

BIRTHPLACE (city or town) (State or country): Leo Maine

MAIDEN NAME OF MOTHER: Helen Shaw Woods

BIRTHPLACE (city or town) (State or country): Baltimore Md

INFORMANT: Frank Woods

Address: Severna Park Md

BURIAL, CREMATION, OR REMOVAL

Place: Green Mount Cem. Date: 6 21 1935

UNDERTAKER: Henry W. Jenkins & Son Co

Address: Orchard & Mt Cullen

FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 15 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12 pm.

The principal cause of death and related causes of importance were as follows:

Accidental, Fall from 3rd Story window to pavement

Date of onset

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) C Harn Coroner, M. D.

(Address) 1715 Hanover St.

pec.—9-30—A. & Co.—250 Bks

F 13751

F 13751

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No 1320 N. Fremont Ave ST 15 WARD)

2. FULL NAME Vernon Norris

(a) RESIDENCE NO 1320 N. Fremont Ave ST WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos ds How long in U. S., if of foreign birth? yrs. mos ds

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M.	Col	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, and year) 6-5-'16

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	19	—	15	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work School Boy

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) Lancaster Co. Va

10 NAME OF FATHER Edward Norris

11 BIRTHPLACE OF FATHER (city or town) (State or country) Lancaster Co. Va

12 MAIDEN NAME OF MOTHER Cora Morris

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Lancaster Co. Va.

Informant Cora Norris
(Address) 1320 N. Fremont Ave

Filed 6 21 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-20-'35

17

I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to June 19 1935

That I last saw h[illegible] alive on June 19, 1935

and that death occurred, on the date stated above, at 10.45 a m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 7 mos 10 ds

CONTRIBUTORY (Secondary) (duration) yrs. mos ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? —

(Signed) C. Mansell Lawrence M. D.

19 (Address) 1033 W. Lanvale St.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Irvington what Lancaster Co, Va.

DATE OF BURIAL 6/23 1935

20 UNDERTAKER Thos. E. Kelson

ADDRESS 1303 Pierstman St

V. F. 13252

13752

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

PLACE OF DEATH Baltimore City Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Tuberculosis Division St., 76 Ward)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Julia Schultz

(a) Residence: No. 611 S. Newkirk st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Robert Schultz

DATE OF BIRTH (month, day, year) Feb. 16, 1890

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	4	4	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown 1087

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation

11. BIRTHPLACE (city or town) (State or country) Virginia

12. NAME Peter Leon

13. BIRTHPLACE (city or town) (State or country) Norway

14. MAIDEN NAME Unknown

15. BIRTHPLACE (city or town) (State or country) Unknown

16. INFORMANT Hospital Records

(Address)

17. BURIAL, CREMATION, OR REMOVAL Place Baltimore Gem Date 6/22/35 19

18. UNDERTAKER Philip Asbury Evans Sr.

(Address) 2016 Veterans Huntington Parkway

19 Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1934, to June 20, 1935. Death is said to have occurred on the date stated above, at 1:10 a. m.

I last saw her alive on June 20, 1935

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1932

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury? Date of

Name of operation

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Arthur Kaufman M. D.

(Address) Baltimore City Hospital

D. P. 1263-9

F 13753

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joan Watson

(a) Residence: No. 31 Admiral Blvd St., Ward. Dundalk Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 9/27/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		9	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Benj Watson

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME May Dunniant

16. BIRTHPLACE (city or town) (State or country) W Va

17. INFORMANT Woods

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL. Place Oakleaves Date June 22, 1935

19. UNDERTAKER John A. Noonan

(Address) 3000 E. Balto St.

20. FILED JUN 21 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to June 20, 1935

I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 8 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia lobar	about 1 week ago

Other contributory causes of importance: none

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Schreiber, M. D.

(Address) [illegible]

F 13754

F 13754

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 99

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 27 Ward)

Length of residence in city or town where death occurred 6yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph Williams

(a) Residence: No. 1122 Spatho Street, Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 10/7/25

7. AGE: Years 9 | Months 10 | Days 8 | If LESS than 1 day, hrs. or min. 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Will Williams

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Darlette Gibson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6-22 1935

19. UNDERTAKER William A. Jackson

(Address) 916 E. Baltimore

FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9, 1935 to June 20, 1935

I last saw him alive on June 20, 1935 Death is said to have occurred on the date stated above, at 6.25 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, left mastoid	
Cerebral abscess.	June 1.
Other contributory causes of importance:	
Acute Pneumonia	June 17

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm. C. Hagner Jr. M. D.

(Address) Johns Hopkins Hospital

D. B 1268-9

13755 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13755

CERTIFICATE OF DEATH

82-a

Registered No. .....

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Provident Hospital St., 11 Ward)

gth of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ida Thomas

(a) Residence: No. 1202 Vs. Calhoun St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
	C	Single

(married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) March 1881

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
54	3		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Va.

NAME Spencer Rawlings

BIRTHPLACE (city or town) (State or country) Va

MAIDEN NAME Amanda Washington

BIRTHPLACE (city or town) (State or country) Va

FORMANT Ada Holloway
(Address) 515 McMechen St

URIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/21/35

NDERTAKER Mrs. Geo. E. Holland
(Address) 1621 Druid Hill Ave

6/20/35 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18 1935 to June 18. 1935

I last saw ~~he~~ alive on June 18. 1935 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 18 35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jerrold C. Allen M. D.
Coroner

(Address) 22 E. Lexington

M. D. F. 1268-0

F 13756

3756

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3216 Howard Park Av. St., 28 Ward)

Length of residence in city or town where death occurred 81 yrs. 11 mos. 25 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Allen Hagger — No War Service

(a) Residence: No. 3216 Howard Park Av. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

3. If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph W. Hagger

DATE OF BIRTH (month, day, year) June 23, 1853

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	81	11	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Allen

14. BIRTHPLACE (city or town) (State or country) Not Known

15. MAIDEN NAME Severia Cook

16. BIRTHPLACE (city or town) (State or country) Not Known

INFORMANT Mrs Joseph W. Haggerson

(Address) 322 Cedarcroft Road

BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date June 21 1935

UNDERTAKER Stewart & Company

(Address) 108 W. North Ave.

FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from May 26/35 . 19 ... to June 19/35 . 19 ...

I last saw her alive on June 19 . 19 35. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	May 26/35
Hypo-static pneumonia	1 day
Other contributory causes of importance: Arterio-sclerosis	1925

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to ~~external causes (violence)~~ fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in ~~industry~~, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Walter S. Hubert . M. D.

(Address) 220 Garrison

D. B. 1268-9

F 13757

13757 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

48

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Bellevue St., 15 Ward)

(If not in city, give town or county) (If outside city limits, write "Rural")

2. FULL NAME Elizabeth Eugene Woollen

(a) Residence: No. 3701 Bellevue St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 76 yrs. 10 mos. 20 ds. How long in U. S. If of foreign birth? 76 yrs. 10 mos. 20 ds.

No War Service

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Leonard R. Woollen

6. DATE OF BIRTH (month, day, year): about August 1 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	about 76	10	20	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

9. Date deceased last worked at this occupation (month and year): none

10. Total time (years) spent in this occupation: none

11. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

12. NAME OF FATHER: John J. Frey

13. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

14. MAIDEN NAME OF MOTHER: Marie Broughton

15. BIRTHPLACE (city or town) (State or country): Balto. Maryland

16. INFORMANT: John B. Frey (Brother)

(Address) 3701 Bellevue Ave City

17. BURIAL, CREMATION, OR REMOVAL

Place: Lorraine Date: June 22 1935

18. UNDERTAKER: Stewart & Co.

(Address) 1058 Monroe Ave

19. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to June 21 1935

I last saw her alive on June 17 1935 Death is said to have occurred on the date stated above, at 1900 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	1934
Other contributory causes of importance: Chronic Nephritis	4/4/35

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. E. Hecht M. D.

(Address) 1901 Eutaw Place

F 13758

F 13758

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 157-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., 2nd Ward)

...rth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Baby Boy Cohen

(a) Residence: No. West Balto. Gen. Hosp St., 2631 Pennsylvania Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

... married, widowed, or divorced
HUSBAND of
(or) WIFE of

...ATE OF BIRTH (month, day, year) June 20, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
0.	0 Months		

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

...IRTHPLACE (city or town) (State or country) West Balto Gen. Hosp.

... NAME Benjamin Cohen

... BIRTHPLACE (city or town) (State or country) Russia

... MAIDEN NAME Jean Rosenberg

... BIRTHPLACE (city or town) (State or country) Balto. Md.

...FORMANT Benjamin Cohen

(Address) 2631 Pennsylvania ave

...URIAL, CREMATION, OR REMOVAL

Place Sherwood Gdns. Date 6/21, 19 35

...NDERTAKER Sherman Bros

(Address) 1217 E Balto St

...LED 1935 19 ... (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 35 19

22. I HEREBY CERTIFY, That I attended deceased from June 20 12 7/8 a.m. 19 ... to June 20, 2 30/60 19 ...

I last saw him alive on June 20 19 35 Death is said to have occurred on the date stated above, at 2 3/60 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Marasmus	

Other contributory causes of importance:

Name of operation — Date of ...

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) Lester M. Wilder, M. D.

(Address) West Balto Gen Hosp

D. B. 1268-9

F 13759

3759 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Mc Conts

(a) Residence: No. 715 E. Chase St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct. 15—1888

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	46	8	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (City or town) (State or country) Balto. Md.

13. NAME OF FATHER Samuel McConts

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME OF MOTHER Emma McDermott

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Charles Ennis

(Address) 715 E. Chase St

BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date June 24 1935

UNDERTAKER Chas. F. Roth & Son

(Address) 715 W. Pratt Baltimore

Huntington Williams

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7/35, 19, to 6/20/35, 19

I last saw h alive on 6/20/35 19 Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Cervix — Date of onset

Uremia

Chronic Nephritis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

F 13760

3760 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

XV 121

CERTIFICATE OF DEATH

PLACE OF DEATH Maryland General Hosp. Registered No.....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Baltimore, Md. 11 Ward)

gth of residence in city or town where death occurred ..... yrs. ..... mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mon. ..... ds.

If U. S. Veteran specify WAR .....

FULL NAME George Patrick Carrico

(a) Residence: No. 7 Willow Ave St., ... Ward. Balto Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

ATE OF BIRTH (month, day, year) July 21, 1928

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	11	25	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balt, Md.

NAME George J. Patrick

BIRTHPLACE (city or town) (State or country) Balt, Md.

MAIDEN NAME Eliz. Manick

BIRTHPLACE (city or town) (State or country) Balt, Md.

NFORMANT Hosp. records.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Pinewood Date June 19 1935

UNDERTAKER Frank Proctor

(Address) 1900 Eutaw Pl.

1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to June 19, 1935

I last saw him alive on June 19, 1935 Death is said to have occurred on the date stated above, at 9:50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute gangrenous appendicitis & peritonitis	6-9-35
Other contributory causes of importance: Bronchial pneumonia	6-18-35

Was an operation performed? Yes Date of 6-10-35

For what disease or injury? Appendicitis

Name of operation Appendectomy Date of 6-10-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Proctor M.D.

(Address) Md. General Hospital.

...c.—8-16-29—L. F. S.—100 Bks.

F 13761

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13761

CERTIFICATE OF DEATH

46-C

REGISTERED NO. 15

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 3405 Elgin Ave ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Thomas Newbold Taylor

(a) RESIDENCE NO. 3405 Elgin Ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 56 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced, (write the word): Married

If married, widowed, or divorced HUSBAND of (or WIFE of): Florence M. Taylor

DATE OF BIRTH (month, day, and year): April 20-1859

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	76	2		

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Insurance 071

(b) General nature of industry, business, or establishment in which employed (or employer): Provident Mutual

(c) Name of employer: Life Ins. Co

BIRTHPLACE (city or town) (State or country): Pa

10 NAME OF FATHER: Joseph N. Taylor

11 BIRTHPLACE OF FATHER (city or town) (State or country): Pa

12 MAIDEN NAME OF MOTHER: Elizabeth J. Newbold

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Pa

Informant: Herbert M. Taylor

(Address) 3405 Elgin Ave

Huntington Millwaters, MD

Filed ..., 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): 6. 20. 35

17 I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to June 20, 1935.

That I last saw him alive on June 19, 1935

and that death occurred, on the date stated above, at 11. a m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Colon

(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? X ray

(Signed) James C. Flake, M. D.

6. 21, 1935 (Address) Med. Arts. Bldg

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Friends Burial Ground — DATE OF BURIAL: June 22/35

UNDERTAKER: Chas. E. Franck — ADDRESS: 802 Madison Ave

M. D. B. 1268-9

F 13762

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13762

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5017 York Road St., 37 Ward)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilhamina Dorothy Schneider

(a) Residence: No. 5017 York Road Dr. Winston Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or ~~divorced~~ HUSBAND ~~of~~ (or) WIFE of Henry Schneider

DATE OF BIRTH (month, day, year) Aug. 22 1842

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
92	0	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Straever

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Charlotta Bock

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Charlotte Schneider

(Address) 5017 York Road

BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 24 1935

UNDERTAKER Chas. E. Foarde & Son

(Address) 22 Madison Ave.

FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. ... 1935 to June ... 1935

I last saw h... alive on June ... 1935 Death is said to have occurred on the date stated above, at 6.40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	20 yrs.

Other contributory causes of importance:

Coronary Thrombosis	1 day

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical (Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Instavus C. Dohme M. D.

(Address) 3014 St. Paul ST.

D. B 1268-9

F 13763

13763

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

N 108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Baltimore City Hospitals) (Ward) 76

gth of residence in city or town where death occurred ...yrs. 1 mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Edward Vance (Home 111 West Ave Stamford Conn.

(a) Residence: No. 35 Fredrick St Belair St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	married

If married, widowed, or divorced
WIFE of (or) HUSBAND of Evangeline Vance

DATE OF BIRTH (month, day, year) Sept 2 1880

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	54	8	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Elkton Md.

NAME Unknown

BIRTHPLACE (city or town) (State or country) "

MAIDEN NAME "

BIRTHPLACE (city or town) (State or country) "

INFORMANT Evangeline Vance

(Address) 111 West Ave Stamford Conn.

BURIAL, CREMATION, OR REMOVAL

Place Stamford Conn Date June 21 1935

UNDERTAKER Saml H. Chase Son

(Address) 638 N. Gilmor

FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 4.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain tumor	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) H. W. Wright, M. D. Coroner

N.P. (Address) 1010 S. Ellwood Ave

D. B 1268-9

F 13764

HEALTH DEPARTMENT—CITY OF BALTIMORE

3764

CERTIFICATE OF DEATH

Registered No. 1210-M

PLACE OF DEATH Union Memorial Hosp. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 27-15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Stanton Sylvester Rook

(a) Residence: No. 1313 Appleby Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Apr 18 1914

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
21	2	21	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal

Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (City or town) (State or country) Washington Co Maryland

13. NAME OF FATHER Stanton E Rook

14. MAIDEN NAME OF MOTHER Margaret Hook

15. BIRTHPLACE OF MOTHER (City or town) (State or country) Washington Co Md

16. INFORMANT (Address) Mrs Stanton E Rook 1313 Appleby Ave

17. BURIAL, CREMATION, OR REMOVAL Place Druid Ridge Date June 22 1935

18. UNDERTAKER Albert W Gregory (Address) 1418 Druid Park Dr

19. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw him alive on 6/20 1935. Death is said to have occurred on the date stated above, at 5 P— m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Rt femur	6/19/35

Other contributory causes of importance:

Fatty Embolism

Name of operation none Date of 6/19/35

What test confirmed diagnosis? Clinically Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury 6/19 1935

Where did injury occur? Falls & Appleby Road (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Road

Manner of injury Collision between two autos

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Herbert Weber Autopsy M. D.

(Address) 5411 Belair Road

F 13765

D. B. 1268-9

3765

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 E. 41st St., 9 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Osburn Bozman

(a) Residence: No. 711 E. 41st St., Ward. 9

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

If married, widowed, or divorced HUSBAND of (or WIFE of) Ida A Bozman

DATE OF BIRTH (month, day, year) June 20 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter Retired 15 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/30 | 11. Total time (years) spent in this occupation 50 yrs.

12. BIRTHPLACE (city or town) (State or country) Somerset Co Md

13. NAME William Bozman

14. BIRTHPLACE (city or town) (State or country) Somerset Co Md.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown unknown

INFORMANT Mr Joseph L. Bozman

(Address) 711 E 41st St

BURIAL, CREMATION, OR REMOVAL Place Forest Park Cem Date June 22 1935

UNDERTAKER The Frederick Funeral Chapel

(Address) 424 W. Baltimore

Huntington Williams M.D. Registrar.

FILED 1935 JUN 24

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1931 to June 20 1935.

I last saw h[illegible] alive on June 19 1935. Death is said to have occurred on the date stated above, at 2p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis	Unknown
Myocardial Degeneration	"
Coronary occlusion	1 day

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) A. P. Ries M. D.

(Address) 24 S. Broadway

—2-29-28—L. F. S.—500 Bks.

13766

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13766

94-B

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

—PLACE OF DEATH

Y OF BALTIMORE: (No. 3409 Brendon ave. ST., 76 WARD)

—FULL NAME Edward R. Kennedy

a) RESIDENCE NO. 3409 Brendon ave ST., WARD
(Usual place of abode) (If non-resident give city or town and State)

rth of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
ale	white	married

married, widowed, or divorced HUSBAND of (or) WIFE of Anna Carney Kennedy

TE OF BIRTH (month, day, and year) Oct 9, 1889

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
46	8	10	

UPATION OF DECEASED

) Trade, profession or particular kind of work policeman

) General nature of industry, siness, or establishment in ich employed (or employer)

) Name of employer

THPLACE (city or town) Westmoreland Co.
tate or country) Virginia

NAME OF FATHER Landon Scheler

BIRTHPLACE OF FATHER (city or town)
(State or country) Va.

MAIDEN NAME OF MOTHER Lucy Anna English

BIRTHPLACE OF MOTHER (city or town)
(State or country) Va.

Informant Mrs. Anna Kennedy

(Address) 3409 Brendon ave

1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 19, 1935

17 I HEREBY CERTIFY, That I attended deceased from Oct 16, 1934, to June 19, 1935,

that I last saw him alive on June 17, 1935,

and that death occurred, on the date stated above, at 10.30 m.

The CAUSE OF DEATH* was as follows:

Coronary Thrombosis

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis?

(Signed) E. Howard Kennedy M. D.

6/21, 1935 (Address) 817 Park Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary Cemetery

20 UNDERTAKER E.A. Blanning

DATE OF BURIAL 6/22 1935

ADDRESS 1136 St Paul St

H. D. F. 1268-9

F 13767

3767

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. No

2. FULL NAME Helen S Stokel

(a) Residence: No. 1620 Guilford Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Joseph Stokel

6. DATE OF BIRTH (month, day, year) Dec 5th 1911

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
23	6	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Edward M. Riley

14. BIRTHPLACE (city or town) (State or country) Meridan Miss

15. MAIDEN NAME Nellie Nedley

16. BIRTHPLACE (city or town) (State or country) Apalachicola Florida

17. INFORMANT Eugene M. La Mar

(Address) 5413 Tonguil Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 22nd 1934

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12 1934 to June 20 1934

I last saw her alive on June 20 1934 Death is said to have occurred on the date stated above, at 5.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cholecystitis	
2. Peritonitis (localized)	
3. Hepatitis	

Other contributory causes of importance:

1. Cachexia
2. Ind anaemia

Name of operation Cholecystotomy Date of 3-16-34

What test confirmed diagnosis? Op Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1934

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagoneller, M. D.

(Address)

✓ F 13768

3768 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH Union Memorial Hospital
TY OF BALTIMORE: (No. 15 St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Mrs. Adelaide L. Devine

If U. S. Veteran specify WAR No

(a) Residence: No. 2411 Harlem Boulevard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. ~~Single, Married~~ Widowed, ~~or Divorced~~ (write the word)
~~male~~	White	Widowed

If ~~married, widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Robert W. Devine

ATE OF BIRTH (month, day, year) July 2, 1867

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	11	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

8. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

9. NAME Robt. W. Armstrong

10. BIRTHPLACE (city or town) (State or country) Balto Md.

11. MAIDEN NAME Eudocia Muller

12. BIRTHPLACE (city or town) (State or country) Balto Md

NFORMANT (Address) Henry F. Armstrong 3709 Devonlyn Rd

URIAL, CREMATION, OR REMOVAL Place Mt Olivet Date June 24th 1935

NDERTAKER (Address) Wm Cook 127 St Paul St

1935 Huntington Wilkerson, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 21, 1935

I last saw h.. alive on June 21, 1935. Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	6/21/35
Arterio sclerosis and arterio-sclerotic heart disease	2.
Other contributory causes of importance: Chronic cholecystitis	3.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hewson M. D.

(Address) Union Memorial Hospital

✓ F 13769

3769 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 617 N. Belnord Ave Ward) 7
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Leroy C. Johnson

(a) Residence: No. 617 N. Belnord Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed, or Divorced~~ (write the word)
Male	White	Married

If married, ~~widowed, or divorced~~ HUSBAND of (or) ~~WIFE of~~ Anna C. Johnson

6. DATE OF BIRTH (month, day, year) Dec 3rd 1888

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Moulder
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brass Foundry
10. Date deceased last worked at this occupation (month and year) June 1935
11. Total time (years) spent in this occupation 26
12. BIRTHPLACE (city or town) (State or country) Balto Md
13. NAME OF FATHER Garrett Johnson
14. BIRTHPLACE (city or town) (State or country) Eastern Shore Md
15. MAIDEN NAME OF MOTHER Willie Katlin
16. BIRTHPLACE (city or town) (State or country) Eastern Shore Md
17. NAME AND ADDRESS OF INFORMANT Anna C. Johnson 617 N. Belnord Ave
18. BURIAL, CREMATION, OR REMOVAL Place Balto Date June 22nd 1935
19. UNDERTAKER (Address) Wm Cook 1217 St Paul St
20. Date Received 1935 Registrar Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19th 1935
22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to June 19-1935
I last saw h in alive on June 19-1935 Death is said to have occurred on the date stated above, at 9:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2-1-35
Cardiac Exhaustion	

Other contributory causes of importance:

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) William A. Reave M.D.
(Address) 801 N. Kenwood Ave

✓ F 13770

13770 HEALTH DEPARTMENT—CITY OF BALTIMORE

82-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1423 Richardson St., 24 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Barbara Bohle

(a) Residence: No. 1423 Richardson St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Otto Bohle

6. DATE OF BIRTH (month, day, year) April 13th 1860

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	2	7	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

9. Date deceased last worked at this occupation (month and year) X

10. Total time (years) spent in this occupation X

11. BIRTHPLACE (city or town) (State or country) Balto Md

12. NAME Unknown

13. BIRTHPLACE (city or town) (State or country) "

14. MAIDEN NAME "

15. BIRTHPLACE (city or town) (State or country) "

16. INFORMANT Miss Amelia Mossman
(Address) 1342 Andre st

17. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date June 22nd 1935

18. UNDERTAKER Wm Cook
(Address) 1217 St. Paul St

19. FILED 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 20, 1935
I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Cerebra Hemorrhage	6-20-35

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. C. Sollod, M. D.
(Address) 707 E. Fort Ave.

D. F 1268-9

✓ F 13771

3771

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. 1617 N. Fulton Ave. St. 15 Ward)

gth of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Caroline W. D'Unger

(a) Residence: No. 1633 N. Fulton Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

f married, widowed, or divorced
HUSBAND of (or) WIFE of Robert D'Unger

TE OF BIRTH (month, day, year) June 21, 1887

GE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47	11	29	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME Herman Fehler

BIRTHPLACE (city or town) (State or country) Germany

MAIDEN NAME Katherine Pensel

BIRTHPLACE (city or town) (State or country) Germany

FORMANT Mr. Robert D'Unger

Address) 1633 N. Fulton Ave.

RIAL, CREMATION, OR REMOVAL

Place Loudon Park Cem. Date June 24 1935

DERTAKER Joseph A. Cook

Address) 1003 E. Baltimore St.

ED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 . 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5.50 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	unknown
Heart Condition.	unknown

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No, If so, specify

(Signed) C. Hann M. D. Coroner

(Address) 1215 Hanover St.

D. B. 1268-9

F 13772

772

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3052 Brighton St. St., 16 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. de.

2. FULL NAME Lyndall L. Collins

(a) Residence: No. 3052 Brighton St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer H. Collins

6. DATE OF BIRTH (month, day, year) May 21, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30	-	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Oriole Maryland

13. NAME John E. Parks

14. BIRTHPLACE (city or town) (State or country) Oriole Maryland

15. MAIDEN NAME Jessie L. Somers

16. BIRTHPLACE (city or town) (State or country) Oriole Maryland

17. INFORMANT Mr. Elmer H. Collins
(Address) 3052 Brighton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date June 22 1935

19. UNDERTAKER Joseph H. Cook
(Address) 1005 W. Baltimore St.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to June 20th, 19..., I last saw her alive on June 20, 1935. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (1932)	1935
Other contributory causes of importance:	
Cerebral Arteriosclerosis	1935

Name of operation No Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify —

(Signed) Herbert E. Zepp M. D.

(Address) 3048 W. North Ave.

F 13773 ✓ F 13773

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

81

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 17 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Susie Brady.

(a) Residence: No. 631 N. Paca St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Female	Colored.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of David.

DATE OF BIRTH (month, day, year) 2/17/1905

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30.	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Augusta, Ga.

12. NAME Lee Nicholson

13. BIRTHPLACE (city or town) (State or country) S. Car.

15. MAIDEN NAME Mattie Lupp.

16. BIRTHPLACE (city or town) (State or country) Ga.

INFORMANT (Address) Mattie Barksdale (cousin) 631 N. Paca St.

BURIAL, CREMATION, OR REMOVAL

Place Augusta Ga. Date 6/22 1935

UNDERTAKER Frances A. Hemsley

(Address) 518 W. Biddle St.

FILED 6-22-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/11 1935 to 6/20 1935

I last saw her alive on 6/20 1935 Death is said to have occurred on the date stated above, at 8.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tranasection Reginal Cord, Cause Undetermined.	2 yrs.

Other contributory causes of importance:

none.

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp.

F 13774

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13774

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1641 Ashland Ave St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos.. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Frederick Stewart

(a) Residence: No. 1641 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Gloria Stewart

DATE OF BIRTH (month, day, year) 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
46	45			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shop

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Thomas Stewart

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Francis Stephney

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Gloria Stewart (wife)

(Address) 1641 Ashland Ave

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cem. Date 6-23-1935

UNDERTAKER Belmont Inamis W. Wright

(Address) 218 N. Eden & Eldersley St

FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1935 to June 19, 1935.

I last saw him alive on June 19, 1935. Death is said to have occurred on the date stated above, at 11 P.m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency — Date of onset Probably 6 months

Other contributory causes of importance: Rheumatism Nephritis with Oedema and Anuria — over March 1925

Name of operation None Date of

What test confirmed diagnosis? Physical Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) R. J. Young M. D.

(Address) 1429 E. Madison St

D. B. 1268-9

F 13225

F 13775

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

106-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. 155 N. Milton Ave. St., 6 Ward)

gth of residence in city or town where death occurred ..... yrs. 60 years mos. ..... ds. How long in U. S. If of foreign birth? 80 yrs. ..... mos. ..... ds.

FULL NAME JACOB A. FREESEMANN

(a) Residence: No. 155 N. Milton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	White	Widowed

f married, widowed, or divorced HUSBAND of (or) WIFE of Johanna Freesemann

ATE OF BIRTH (month, day, year) Sept.23.1851

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	83	8	28	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

. Industry or business in which work was done, as silk mill, saw mill, bank, etc. No

. Date deceased last worked at this occupation (month and year) Oct.1926

11. Total time (years) spent in this occupation

IRTHPLACE (city or town) Emden
(State or country) Germany

. NAME Not Known

. BIRTHPLACE (city or town) Germany
(State or country)

. MAIDEN NAME Not Known

. BIRTHPLACE (city or town) Germany
(State or country)

NFORMANT Miss Ricca Freesemann (Daughter)
(Address) 155 N. Milton Ave.

URIAL, CREMATION, OR REMOVAL
Druid Ridge Cem. Date June24,1935
Place

RY SANDER & SONS, INC.
NDERTAKER
(Address) Baltimore & Broadway.

LED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21,1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935 to June 21, 1935

I last saw h.. alive on June 20, 1935 Death is said to have occurred on the date stated above, at 3.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Bronchitis	6/1/35

Other contributory causes of importance:

Arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Eugene L. Pennington, M. D.

(Address) 514 Drury Lane

F 13776

F 13776

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 53-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lena Leigh Cameron

(a) Residence: No. Southern Pines St., Ward. N. Car

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 6-9-99

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	36		13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cashier

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0.K.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. Car

12. NAME D. H. Cameron

14. BIRTHPLACE (city or town) (State or country) N. Car

15. MAIDEN NAME Mary B Priest

16. BIRTHPLACE (city or town) (State or country) N Car

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Southern Pines N. C. Date June 22 19 35

UNDERTAKER John C. Mitchell & Sons

(Address) 1500 Eutaw Place

FILED JUN 22 1935 A. Funston Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1931 to June 21, 1935

I last saw her alive on June 21, 1935 Death is said to have occurred on the date stated above, at 10:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, malignant	Jan '35

Other contributory causes of importance:

Name of operation B. craniotomy Date of 4/21/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford M. D.

(Address) Johns Hopkins Hosp.

D. P. 1268-9

F 13777

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christian A. B. Diehm

(a) Residence: No. 1945 Dundalk Ave St., Ward Sparrows Pt. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Divorced

If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Mary Diehm

DATE OF BIRTH (month, day, year) June 15 1881

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	-	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. Open Hearth

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co Sparrows Pt Md

10. Date deceased last worked at this occupation (month and year) 1086

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Mittiz, Lancaster Co Pa

13. NAME Justus F Diehm

14. BIRTHPLACE (city or town) (State or country) York Pa

15. MAIDEN NAME Elizabeth S. Dauchenbrod

16. BIRTHPLACE (city or town) (State or country) Pa

INFORMANT Mr Frank L Diehm (Brother)

(Address) Manheim Pa

BURIAL, CREMATION, OR REMOVAL

PLACE Manheim Pa Date 6/23 1935

UNDERTAKER John F Denlinger

(Address) 715 Light St

FILED 22 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14 1935 to June 21 1935

I last saw h~~im~~ alive on June 20 19 Death is said to have occurred on the date stated above, at 12 10 ~~a.m.~~

The principal cause of death and related causes of importance were as follows:

Hypertensive Cardiovascular Disease — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) S. L. Smith M. D.

(Address) Mercy Hospital

D. B. 1268-9

E 13778 HEALTH DEPARTMENT—CITY OF BALTIMORE 13778

CERTIFICATE OF DEATH

Registered No. 59

1. PLACE OF DEATH South Baltimore General Hospital
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1213 Light St., 23 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Saylor

(a) Residence: No. 115 W. Covent St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Saylor

6. DATE OF BIRTH (month, day, year) Aug 31 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	9	2019	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spec Police 26 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Md Dry dock Co

10. Date deceased last worked at this occupation (month and year) Dec 23 1932

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) York Co Pa

13. NAME OF FATHER David R Saylor

14. BIRTHPLACE (city or town) (State or country) Hanover Pa

15. MAIDEN NAME OF MOTHER Elizabeth Abel

16. BIRTHPLACE (city or town) (State or country) York Pa

17. INFORMANT Mr Charles R Saylor

(Address) 2422 Lochraven Rd

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 24. 1935

19. UNDERTAKER John F Denny

(Address) 715 Light St

20. FILED 1935 Eston Williams, M. D.

22 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to June 20 1935

I last saw him alive on June 20 1935. Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Launa L. Wells M. D.

(Address) 1213 Light St

F 13779

F 13779

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Brooklyn 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 529 Patapsco Ave St., 25 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie Mary Hohman

(a) Residence: No. 529 Patapsco Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of John H. Hohman

DATE OF BIRTH (month, day, year) Dec 20 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	30	29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Brooklyn Md

13. NAME August Schline

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Apple

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT (Address) John H. Hohman 529 Patapsco Ave

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date June 22 1935

UNDERTAKER John F. Denny (Address) 715 Light St

FILED ... Hunter or Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1935, to June 19, 1935

I last saw her alive on June 19, 1935 Death is said to have occurred on the date stated above, at 1:35 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Asthma	1932
Arteria-Sclerotic Myocardial Degeneration	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Leiter, M. D.

(Address) 530 Patapsco Ave

D. B. 1268-9

F 13780

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13780

CERTIFICATE OF DEATH

x194-13

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital Ward) 11

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME William S. Winkler

(a) Residence: No. Wampler Road, Middle River Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of ---

DATE OF BIRTH (month, day, year) Jan. 29, 1893

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	4	22	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co.

9. Date deceased last worked at this occupation (month and year)

10. Total time (years) spent in this occupation 2 mos.

BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

13. NAME John J. Winkler

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Harriet E. Sterling

16. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

INFORMANT (Address) Mrs. John J. Winkler, Middle River, Md.

BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 25, 1935

UNDERTAKER Frederick Carnahan Son

(Address) 7401 Belair Road

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3.30 p m

The principal cause of death and related causes of importance are as follows:

Fractured skull

Date of onset

Other contributory causes of importance:

Name of operation Suture of scalp Date of 6/21/35

What test confirmed diagnosis? X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 21 1935

Where did injury occur? Bethlehem Steel Co.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry

Manner of injury Struck by crane hook.

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify While at work

(Signed) C. Hann M. D.

Coroner

(Address) 12 E Hanover St

F 13781

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 53-C

13781

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John Hopkins Hospital St. ? Ward)

(If outside city limits state county and town or township)

How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME George T. Mather [MOTLOW]

(a) Residence: No. Arlington, Virginia St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	?

If married, widowed, or divorced

HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 15, 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	8	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Accountant ? Dairy

Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

9. BIRTHPLACE (city or town) Lynchburg

(State or country) Tennessee

10. NAME OF FATHER Felix Mather

BIRTHPLACE (city or town) (State or country) unk

MAIDEN NAME unk

BIRTHPLACE (city or town) (State or country) unk

INFORMANT Admitting Office.

(Address) John Hopkins Hospital

BURIAL, CREMATION, OR REMOVAL Washington Hall Date June 22, 1935

UNDERTAKER Chas J. Jackney & Sons

(Address) Wm. Fife & Emma Ayres. Huntington Williams, M.D.

Registrar.

LIB. 1935 . 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... . 19 ... to ... . 19 ... I last saw h... alive on ... . 19 ... Death is said to have occurred on the date stated above, at 10:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor (Malignant)	?

Other contributory causes of importance:

Shock.

Name of operation Cranitomy Date of June 21-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... . 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Paul Schreiber Coroner . M. D.

(Address) 1919 E. North Ave.

F 13782

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13782

CERTIFICATE OF DEATH

121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave St., 24 Ward)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth 24 yrs. mos. ds.

2. FULL NAME Mrs. Hermine Joseph.

(a) Residence: No. 3236 Stafford St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Anton Joseph

DATE OF BIRTH (month, day, year) July 14th 1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	11	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife (037)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Anton Joseph (Address) 3236 Stafford St.

BURIAL, CREMATION, OR REMOVAL Place London Park Cem. Date June 24th 1935

UNDERTAKER Chas. W. Dill. (Address) 3109 Greek Ave.

FILED Huntington Wiggett 7-3 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21-1935

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1935 to 6-21-1935

I last saw her alive on 6/21 . 19 Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	6/18
Peritonitis	6/20
Paralytic Ileus	6/20
Cardiac failure	6/20

Other contributory causes of importance:

Diabetes	2 yrs

Name of operation Enterostomy Date of 6/20 hrs

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Carl G Merkel M. D.

(Address) 32 Eager Road

F 13783

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13783

82-B

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Sister Monica Shocklee No War Service

(a) Residence: No. Mount Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 14 1850

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	4	7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Missouri

9. NAME James Shocklee

10. BIRTHPLACE (city or town) (State or country) Kentucky

12. MAIDEN NAME Elizabeth Roberts

13. BIRTHPLACE (city or town) (State or country) Kentucky

INFORMANT Sister Clothilde

(Address) Mt. Hope Retreat, City.

BURIAL, CREMATION, OR REMOVAL

Place Mt. Hope Cemetery Date June 22 35 19

UNDERTAKER Stewart & Mowen Company

(Address) 108-10 North Eutaw

FILED 1935 Hamilton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1934. to June 21 1935.

I last saw h[illegible] alive on June 21, 1935. Death is said to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis General	?
Parkinsonism	?
Other contributory causes of importance:	
Rt hemiplegia	1 Wk
Left Cerebral Thrombus	1 Wk

Name of operation None Date of

What test confirmed diagnosis? Evidence Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian J. Magner M. D.

(Address) 332 Professional Bldg

F 13784

D. B. 1268

F 13784

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave Ward)

Length of residence in city or town where death occurred 52 yrs. 6 mos. 0 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mary V. Wells

(a) Residence: No. 3336 Old Frederick Rd Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married.

If married, widowed, or divorced: HUSBAND of (or) WIFE of London Wells

DATE OF BIRTH (month, day, year) Jan. 20-1885

AGE Years	Months	Days	If LESS than 1 day. hrs. or min.
50	5	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John T. Hooper

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lettie McFarland

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Mr. Gordon Wells

(Address) 3336 Old Frederick Road

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date June 24 1935

19. UNDERTAKER George T. Schwab

(Address) 2101 Frederick Ave.

20. FILED 1935 Assistant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-20 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1935 to 6-20 1935.

I last saw h alive on 1935 Death is said to have occurred on the date stated above, at 7.57 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Post Operative Hernia	1925
Strangulated P. O. Hernia	6/3/1935

Other contributory causes of importance:

Myocardial Failure
Intestinal Intoxication

Name of operation Hernioraphy Date of 6-17-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Simon L Kemp M. D.

(Address) St Agnes Hosp.

D. B. 1204-A

F 13785

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13785

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No.) Sinai Hospital St., 6-3 Ward)

Length of residence in city or town where death occurred ....yrs....mos....ds. How long in U. S. If of foreign birth? ....yrs....mos....ds.

FULL NAME Lester T Steigerwald

(a) Residence: No. 3030 Chesterfield ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed or divorced HUSBAND of (or) WIFE of Ellen Steigerwald

DATE OF BIRTH (month, day, year) May 17-1904

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	31	1	3	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store

8. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation.....

BIRTHPLACE (city or town) (State or country) Balto

9. NAME Adam Steigerwald

10. BIRTHPLACE (city or town) (State or country) Germany

11. MAIDEN NAME Bertha Cress

12. BIRTHPLACE (city or town) (State or country) Balto

INFORMANT Adam Steigerwald

(Address) 3030 Chesterfield

BURIAL, CREMATION, OR REMOVAL Mount Carmel June 24 1935

UNDERTAKER Dos & Steinhorn

(Address) 2001 Pennsylvania Ave

FILED 6-24-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to June 20, 1935

I last saw him alive on June 20, 1935. Death is said to have occurred on the date stated above, at 9.00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chron. cardiovascular disease - mitral stenosis & ins. and aortic insufficiency	
(2) Chronic myocarditis	
(3) Cardiac hypertrophy & dilatation	
(4) Subacute bacterial endocarditis	
(5) Cardiac insufficiency	

Other contributory causes of importance:

Chronic nephritis

Anemia

Name of operation ..... Date of .....

What test confirmed diagnosis? Aut. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify .....

(Signed) Henry B Makover, M. D.

(Address) Sinai Hospital

Co. 5-31 250B

E 13786

786

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 547 Mosher St., 14 Ward)

Length of residence in city or town where death occurred 40 ? yrs. ? mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Samuel Jackson

(a) Residence: No. 547 Mosher St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Martha Jackson

6. DATE OF BIRTH (month, day, year) Aug 11 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	10	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 004
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co. Md

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Martha Jackson

(Address) 547 Mosher

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Auburn Date June 24, 1935

19. UNDERTAKER Joseph A. Ligiebo

Address 1935 409 N. Mount Street

20. FILED June 24, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 4, 1935, to June 20, 1935

I last saw h... alive on June 19, 1935 death is said to have occurred on the date stated above, at 1.45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	Aug 1934

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Urinary Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. J. McRae M. D.

(Address) 1126 Druid Hill Ave

F 13787

13787

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 23

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 335 NewKirk St. No Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR.....

2. FULL NAME Mary Mc Elwee

(a) Residence: No. 335 NewKirk St., Ward.

(Usual place of abode) 40 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

If ~~married, widowed, or divorced~~ (or) WIFE of Thos. W. Mc Elwee

6. DATE OF BIRTH (month, day, year) Nov 10th 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) U.S.A.

13. NAME August Moore

14. BIRTHPLACE (city or town) (State or country) France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Beard Mc Elwee

(Address) 2442 E. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date June 24th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. 6-24-1935 Hampton Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to June 21 1935

I last saw her alive on June 20 1935. Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic degenerative myocarditis	4 years
Chronic Nephritis	4 "
Chronic Influenza	10 "
Other contributory causes of importance:	
Acute Dilatation of heart	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. W. Smith M. D.

(Address) 6016 Eastern Ave

F 13788

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2658 Presbury St. 15 Ward)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Irma Clara Cavey

(a) Residence: No. 2658 Presbury St., ... Ward.
(Usual place of abode) 20 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word)
Female	White	Married

If married, ~~widowed or divorced~~ HUSBAND of Emslie B. Cavey

6. DATE OF BIRTH (month, day, year) Feb 3rd 1886

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
49	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) April 35

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME John Hohman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Minnie Greenwald

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Emslie Cavey

(Address) 2658 Presbury st

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 25 19 35

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED 1935 Huntington Williams, N.S. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1935

22. I HEREBY CERTIFY, That I attended deceased from December 3 1934 to June 21st 1935

I last saw her alive on June 20 1935 Death is said to have occurred on the date stated above, at ... m. ?

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Pelvic organs.	?
	about

Other contributory causes of importance:

Name of operation No Operation Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Thomas Jones M. D.

(Address) 2737 N Calvert St

F 13789

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital
CITY OF BALTIMORE: (No. 15 St., Ward)

Length of residence in city or town where death occurred 23 yrs. -- mos. -- ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arthur Starks (Arthur Holt Starks)

(a) Residence: No. 3207 Carlyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Gene McLoughlin

6. DATE OF BIRTH (month, day, year) May 6, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Solicitor, Adv. Department, Balto. Sun

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0 7

12. BIRTHPLACE (city or town) (State or country) New Orleans Louisiana

13. NAME George H. Starks

14. BIRTHPLACE (city or town) (State or country) New Orleans La.

15. MAIDEN NAME Meta Clara Holmes

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT George H. Starks

(Address) 3207 Carlisle Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery 6/24 1935

19. UNDERTAKER Stanley D. Myers & Son

(Address) 2 E. Eutaw St.

19. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to June 21 1935

I last saw h. alive on June 21 1935 Death is said to have occurred on the date stated above, at 8:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	6/17
Cellulitis of Hand.	6/14

Other contributory causes of importance:

Acute Alcoholism

Name of operation Incision & Drainage Date of 6/17

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Charles L. Hodkamp M. D.

(Address) University Hospital

H. D. P. 1268-9

E 13790

3790

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

15

1. PLACE OF DEATH Sydenham Hospital — Registered No.

CITY OF BALTIMORE: (No. 920 E Pratt St., 3 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vytant Aleviekas

(a) Residence: No. 920 E. Pratt St., Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — single

DATE OF BIRTH (month, day, year) April 2, 1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	2	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Mike Aleviekas

14. BIRTHPLACE (city or town) (State or country) Lithuania

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT (Address) Klevicka Graft 920 E. Pratt St

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date June 27, 1935

UNDERTAKER Eden Grebliunas

(Address) 423 South Ring St

FILED Huntingtow Millville, N.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 22, 1935

That I last saw him alive on June 22, 1935. Death is said to have occurred on the date stated above, at 4:05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Erysipelas (Streptococcus)	24 hrs.
Other contributory causes of importance: Bronchopneumonia	2 days

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph Lehman M. D.

(Address) Sydenham Hospital

F 13791

3791

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St. 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Sharpe

(a) Residence: No. 1230 W. Lafayette St. Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of George.

DATE OF BIRTH (month, day, year) Dec 25-1870

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64.	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ?

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Abraham ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Sarah Thomas.

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Bur. H.

(Address)

BURIAL, CREMATION, OR REMOVAL Date 6/23/35

UNDERTAKER Edward P. Stewart

(Address) Huntington Williams, Jr.

FILED JUN 23 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21/1935

22. I HEREBY CERTIFY, That I attended deceased from 5/21/1935 to 6/21/1935

I last saw her alive on 6/21/1935 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Late

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

D. B. 1268-9

✓ F 13792

HEALTH DEPARTMENT—CITY OF BALTIMORE

792

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Balt City Hospital 19 St., Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Bertha May Banks

(a) Residence: No. 14 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
[illegible]	Colored	married

married, widowed, or divorced
HUSBAND of (or) WIFE of Abraham Banks

TE OF BIRTH (month, day, year) Feb 10 1899

E	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	4	9	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook pvt

Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic Service

Date deceased last worked at this occupation (month and year) Jan 13 '35 | 11. Total time (years) spent in this occupation

RTHPLACE (City or town) (State or country) Balto Md.

NAME George Roberts

BIRTHPLACE (city or town) (State or country) Unknown

MAIDEN NAME Margaret (Unknown)

BIRTHPLACE (city or town) (State or country) " "

FORMANT Evelyn Banks (daughter)

Address) 141 N. Gilmor St

RIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date Jan 24 1935

DERTAKER Chas J. Cooper

Address) 514 N Calhoun St

ED. 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.. to ..., 19..

I last saw h... alive on ..., 19.. Death is said to have occurred on the date stated above, at 1045 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Jan 18, 1935
Other contributory causes of importance: Chronic Nephritis.	unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19..

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) H. M. Wright, M. D.

(Address) 1010 S. Ellwood Ave

13793 13793

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108a

PLACE OF DEATH Baltimore City Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ... St., 17 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME Curtis Fauntleroy

(a) Residence: No. 7630 Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

(If married, widowed, or divorced) HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 14 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	5	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Docks

10. Date deceased last worked at this occupation (month and year) 3, 11. Total time (years) spent in this occupation 4,

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Madison Fauntleroy

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Annie Currey

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem Date June 24 1935

19. UNDERTAKER Chas Y. Cooper
(Address) 514 N. Calhoun St.

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 18 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to June 18 1935

That saw h[illegible] alive on June 18 1935 Death is said to have occurred on the date stated above, at 8:50 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema, Lung Left,	Prob. June 1
Other contributory causes of importance:	

Was an operation performed? Yes Date of 6/12/35

For what disease or injury? Empyema

Name of operation Thoracotomy Date of 6/17/35

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel N Lyon M. D.

(Address) Balto City Hospital

✓ F 13794

13794

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2633 Eastern Ave., 1 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Rudolph C. G. Schroeder

(a) Residence: No. 2633 Eastern Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE of Margaret Schroeder

6. DATE OF BIRTH (month, day, year) July 27, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	10	11	5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Marine Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME Mathias Schroeder

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Don't know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Margaret Schroeder

(Address) 2633 Eastern ave

BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date June 25 1934

UNDERTAKER John Ulrich & Sons

1934 Huntington Maryland

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1934, to June 22, 1934.

That last saw ... alive on June 22, 1934. Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Duration of onset
Cerebral Apoplexy	6 hrs.

Other contributory causes of importance: Generalized arteriosclerosis Chronic Myocarditis

Was an operation performed? no Date of —

For what disease or injury? none

Name of operation — Date of —

What test confirmed diagnosis? P.M. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..., 19...

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John J. Kreuger, M. D.

(Address) 467 Eastern Ave

D. B. 1268-9

F 13795

3795

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

gth of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 28 yrs. ... mos. ... ds.

FULL NAME Leonard Tepper

(a) Residence: No. 510 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
le	White	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) Unknown

E	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22			

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

Industry or business in which work was done, as silk mill, saw mill, bank, etc. note

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Russia

NAME Max Tepper

BIRTHPLACE (city or town) (State or country) Russia

MAIDEN NAME Minnie Goldstein

BIRTHPLACE (city or town) (State or country) Russia

FORMANT Sam Snyder

(Address) 1921 N. Broadway

RIAL, CREMATION, OR REMOVAL

Mt Carmel Date June 23 1935

NDERTAKER Jack Levin Inc.

(Address) 1432 E. Baltimore St

Hunter-Lee-Williams, Inc.

D 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10:20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Other contributory causes of importance:	
Uremia	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Ehrenberg, Coroner, M. D.

(Address) 1919 E. North Ave.

D. B. 1268-2

13796

✓ F 13796

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 45 yrs. ... mos. ... ds.

2. FULL NAME Philip Jacobson

(a) Residence: No. 206 Brookfield Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of Rebecca Jacobson

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	65			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retail Clothing

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 45 yrs

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Voltram

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Voltram

16. BIRTHPLACE (city or town) (State or country) Russia

INFORMANT Irving Jacobson
(Address) 206 Brookfield Ave

BURIAL, CREMATION, OR REMOVAL
Place Sinai Date 6/23/35 19

UNDERTAKER Geo. E. Boyle & Co.
(Address) 1715 E. Baltimore St.

FILED 6/23/1935 Huntington Timanus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-35 19

22. I HEREBY CERTIFY, That I attended deceased from June 8 1935 to June 22 1935

I last saw him alive on June 22 1935 Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomoma Peritoneum (origin unknown)	

Other contributory causes of importance:

Name of operation Laparotomy Date of 6/8/35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul E Carlines M. D.

(Address) Sinai Hosp

3797 F 13797

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No.

PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospitals St., Ward) (If death occurred in hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. If U. S. Negro, ... AR

FULL NAME Margaret Bruce Chase

(a) Residence: No. 1811 Braddish Ave St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX F | 4. Color or Race White | 5. Single, Married, Widowed, or Divorced (write the word) Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 30, 1888

7. AGE: Years 46 | Months 6 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laundry

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation Gen'l

12. BIRTHPLACE (city or town) (State or country) Balto. Md., U.S.A.

13. NAME of father John Lindabury

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME of mother Mary Quade

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Date June 24 1935

Undertaker Josiah Soper

(Address) 1600 W North Ave

19. FILED June 24 1935 Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to June 21 1935

I last saw h[illegible] alive on June 21 1935 Death is said to have occurred on the date stated above, at 2:10 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovary	1 yr

Other contributory causes of importance: Bronchio-pneumonia 6/19/35

Was an operation performed? Yes Date of April 7, 1935

For what disease or injury? Carcinoma of Ovary

Name of operation Exp. Laparotomy Date of April 16

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel D. Gant M. D.

(Address) Baltimore City Hospitals

O. B 1268-9

798

✓ E 13798

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X53-C

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

gth of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Ada Bell

(a) Residence: No. Turner Creek (W. Va) St., Ward. West Virginia

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

married, widowed, or divorced
HUSBAND of
(or) WIFE of —

ATE OF BIRTH (month, day, year) May 6, 1927.

GE Years	Months	Days	If LESS than 1 day, hrs. or min.
8	1	15	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) — | 11. Total time (years) spent in this occupation —

IRTHPLACE (city or town) (State or country) West Virginia

. NAME William Bell

. BIRTHPLACE (city or town) (State or country) West Virginia —

. MAIDEN NAME Jesse Chandler

. BIRTHPLACE (city or town) (State or country) West Virginia —

FORMANT Admitting Office
(Address) John Hopkins Hospital

URIAL, CREMATION, OR REMOVAL

Place Madison W-Va Date June 23/35 19

NDERTAKER J.C. Mitchell and Sons
(Address) 1900 Eutaw Place, Baltimore, Md

LED 1935 Attending Physician or Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22. 1935.

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10:15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebellar Tumor (Malignant)	?

Other contributory causes of importance:

Shock.

Name of operation Extirpation of Tumor Date of June 22-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schreiber, M. D.

Coroner

(Address) 1919 E. North Ave.

...—2-29-28—L. F. S.—500 Bks.

3799 ✓ F 13799

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1439 Henry ST. ~~19~~ WARD) 19

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Anne Eliz. Gosnell

(a) RESIDENCE NO. 1439 Henry ST., WARD

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6 DATE OF BIRTH (month, day, and year) June 16, 1931

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work —

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer None

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

10 NAME OF FATHER Robert W Gosnell

11 BIRTHPLACE OF FATHER (city or town) (State or country) Balto. Md.

12 MAIDEN NAME OF MOTHER Annie Lamont

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Balto. Md.

Informant Robert W. Gosnell

(Address) 1439 Henry St.

Filed June 25 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-22-35

17 I HEREBY CERTIFY, That I attended deceased from June 16, 1935, to June 22, 1935, that I last saw her alive on June 22, 1935 and that death occurred, on the date stated above, at 9 30 A m.

The CAUSE OF DEATH* was as follows:

Intestinal obstruction

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical only

(Signed) Philip B. Towles, M. D.

6. 24. 1935 (Address) 1432 Williams St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL. Lorraine Cem.

DATE OF BURIAL June 24 1935

20 UNDERTAKER Glenn Leckner

ADDRESS 2201 Edmondson Ave.

F 13800

D. B. 1266 F 13800

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto Gen'l Hosp St., 16 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael P. Gillen

(a) Residence: No. 721 Woodington Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret H. Gillen (nee Huetter)

DATE OF BIRTH (month, day, year) Feb. 28, 1884.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	3	24 27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Chicago, Ill.

13. NAME Michael P. Gillen

14. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

15. MAIDEN NAME Mary Klein

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Mrs. Margaret H. Gillen
(Address) 721 Woodington Ave.

BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cemty. Date June 24, 35

UNDERTAKER Harry A. Britt
(Address) 401 Edmondson Ave.

FILED JUN 24 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 21, 1935, that I last saw him alive on June 21, 1935. Death is said to have occurred on the date stated above, at 10:45 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis with Myocardial Decompensation and Infarction	June 17

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) [illegible] M. D.

(Address) West Balto Gen'l Hosp

D. B. 1268-5 F 13801 ✓ F 13801

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., ... Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Jachelski

(a) Residence: No. University Hospital St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of — Infant

DATE OF BIRTH (month, day, year) 6-21-35

AGE	Years	Months	Days	If LESS than 1 day, 4 hrs. 30 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — Infant ward
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Philip S. Jachelski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Ruth Ward

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mrs. Ruth S. Jachelski
(Address) 709 E. Fort Ave.

BURIAL, CREMATION, OR REMOVAL
Place Mary Hill Date June 24 19 35

UNDERTAKER Chas. L. Stevens
(Address) 1501 E. Fort Ave.

JUN 24 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 19 35

22. I HEREBY CERTIFY, That I attended deceased from 6-20 19 35 to 6-21 19 35

I last saw him alive on 6-21 19 35. Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial hemorrhage	6-20-35
Probably attempted	

Other contributory causes of importance:

Prolonged difficult childbirth	
Caesarean section for eclampsia	6-20-35

Name of operation Spinal Puncture Date of 6-20-35

What test confirmed diagnosis? Spinal Puncture Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) H. Bayne M. D.

(Address) City Hosp.

F 13802

F 13802

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 1112 S. Conkling St. 26 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

FULL NAME Ernest C. ROTHE.

(a) Residence: No. 1112 S. Conkling St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary B. Rothe

DATE OF BIRTH (month, day, year) Nov. 9-1868

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	7	13	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pump Man (Retired)

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. C. S. Co.

9. Date deceased last worked at this occupation (month and year) Jan. 1931.

11. Total time (years) spent in this occupation 31 yrs.

10. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME George Rothe

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME not known

16. BIRTHPLACE (city or town) (State or country) not known

INFORMANT Mary B. Rothe

(Address) 1112 S. Conkling St.

BURIAL, CREMATION, OR REMOVAL

Place First Evang. Cem. Date June 24 1935

UNDERTAKER George W. Zubler

(Address) 1737 E. Eager St.

FILED 1935 Huntington Hillhouse, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/13/35, 19..., to 6/22, 1935

I last saw h... alive on 6/21 1935 Death is said to have occurred on the date stated above, at 1-05 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic intestinal nephritis and Myocarditis	

Other contributory causes of importance: Hypostatic Pneumonia

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, ...

(Signed) J. H. Farrell M. D.

(Address) 633 S. Conkling

F 13803

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13803

23

Registered No.

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3804 Ridgecroft Rd St., 27 Ward)

Length of residence in city or town where death occurred 25 yrs. 9 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Olivia May Genick

(a) Residence: No. 3804 Ridgecroft Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Henry P. Genick

DATE OF BIRTH (month, day, year) Sept. 21-1909.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	25	9	2	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

7. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

8. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Robert E. Rehberger

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Olivia Rodgers.

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Henry P. Genick

(Address) 3804 Ridgecroft Rd.

BURIAL, CREMATION, OR REMOVAL

Place Oakland Cem. Date June 25. 1935

UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St

FILED 1935 Hunting for Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1932 to June 23 1935

I last saw her alive on June 23 1935 Death is said to have occurred on the date stated above, at 3 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tbc.	1932
Other contributory causes of importance: Respiratory failure Acute.	-

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, how?

(Signed) Lucius E Linck M. D.

(Address) 728 N. Eutaw St

F 13804 ✓ F 13804

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

348-108

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto City Hosp.) Ward) 11

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

FULL NAME James Johnson

(a) Residence: No. 438 Orchard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Married.

If married, widowed, or divorced
HUSBAND of (or) WIFE of Cleo.

DATE OF BIRTH (month, day, year) 2/27/1885

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50.	3	25	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Colored
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. College.
9. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) N. C.

13. NAME James Johnson.

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Laura ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Records Bd. H.
(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 6/24, 1935

UNDERTAKER C. Jackson
(Address) 916 Pitcairn ave

FILED 6 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/22, 1935

I last saw him alive on 6/22, 1935 Death is said to have occurred on the date stated above, at 12 00 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 6/13/35

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) Tobias Weinberg, M. D.

(Address) Balto. City Hospitals

pec.—9 30—A. & Co.—250 Bks.

F 13805

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 13805

194 a

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hospital ST. 13 WARD)

2 FULL NAME Irene Stith

(a) RESIDENCE NO. 3220 Kenwick Rd. ST. ..... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 44 years ... mos ... ds. How long in U. S., if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	white	married

6 If married, widowed, or divorced
HUSBAND of
(or) WIFE of Hauser H. Stith

DATE OF BIRTH (month, day, and year) Jan 27 1891

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	44	4	24	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town) (State or country) md.

10 NAME OF FATHER Wm. Justice

11 BIRTHPLACE OF FATHER (city or town) md.
(State or country)

12 MAIDEN NAME OF MOTHER Irene Zepp

13 BIRTHPLACE OF MOTHER (city or town) Md.
(State or country)

Informant Hauser H. Stith
(Address) 3220 Kenwick Road

Filed ... 19 ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 21, 1935

17

I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 21, 1935

that I last saw h[illegible] alive on June 21, 1935

and that death occurred, on the date stated above, at 11:20 P. m.

The CAUSE OF DEATH* was as follows:

Cellulitis of throat & neck

(duration) ... yrs. ... mos. 21 ds.

CONTRIBUTORY (Secondary) Septicemia

(duration) ... yrs. ... mos. 7 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Knox Moore M. D.

19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL St. Mary's Hanyesdent

DATE OF BURIAL June 26 1935

20 UNDERTAKER Thenowith & Son

ADDRESS 3615 Eastern Ave

D. B. 1268-9

✓ F 13806

HEALTH DEPARTMENT—CITY OF BALTIMORE

13806

CERTIFICATE OF DEATH

194-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. John Hopkins Hospital St., 6 Ward)

gth of residence in city or town where death occurred ...yrs. 1 mos. 2 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

FULL NAME Mollie Farris

(a) Residence: No. 1730 Orleans St St., ...Ward.
(Usual place of abode) (If non-resident give city or town and State)

ERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
wale	Colored	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of —

TE OF BIRTH (month, day, year) May 18, 1935

GE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	1	2	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

RTHPLACE (city or town) Baltimore
(State or country) Maryland

NAME George Farris

BIRTHPLACE (city or town) —
(State or country) Maryland

MAIDEN NAME

BIRTHPLACE (city or town) Mamie Williams
(State or country) Maryland

FORMANT Mamie Farris
(Address) 1730 Orleans St.

RIAL, CREMATION, OR REMOVAL
Place asbury cemetery Date June 28 1935

NDERTAKER Edw. C. [illegible]
(Address) 81 Orleans St

ED 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 5:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Asphyxia	1 hr

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Autopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify ...

(Signed) Paul Schenken, M. D.
Coroner

(Address) 1918 E. North Ave.

H. D. P. 1268-9

✓ F 13807

HEALTH DEPARTMENT—CITY OF BALTIMORE

13807

CERTIFICATE OF DEATH

95B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1411 E. Eager St., 10 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ledermann

(a) Residence: No. 1411 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Dec. 23 1853

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	82	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Lorenz Ledermann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Mary Emge

16. BIRTHPLACE (city or town) (State or country) Germany

INFORMANT Thos Aug Lederman

(Address) 1411 E. Eager St.

BURIAL, CREMATION, OR REMOVAL Most Holy Redeemer Cem

Date June 25, 1935

UNDERTAKER Henry Ahrs Sons, Inc.

(Address) 1301 E. Eager St.

Huntington Williams, M.D.
Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY That I attended deceased from Feb. 10, 1924 to June 21, 1935

I last saw h[illegible] alive on June 21, 1935 Death is said to have occurred on the date stated above, at 10:25 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio Sclerosis	
Acute Cardiac Dilatation	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no Date of Injury , 19

Where did injury occur? no.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place no.

Manner of Injury no.

Nature of Injury no.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no

(Signed) Chas. Littman, M. D.

(Address) 1304 E. Chase

D. B. F 13808 ✓ F 13808

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Sinai Hospital St., 15 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

FULL NAME Baby Girl Lazinsky

(a) Residence: No. 3523 Park Heights Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) June 23, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Joseph Lazinsky

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Lillian Rubin

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Joseph Lazinsky
(Address) 3523 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Rosedale Date 6/24/35 19

19. UNDERTAKER Geo. Lewis Sons
(Address) 1711 E. Baltimore

20. FILED ... 19 ... Registrar.

4035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935 to June 23, 1935

I last saw her alive on June 23, 1935 Death is said to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra Cranial Hemorrhage	June 23
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Wilfred Kane Konigsberg M. D.

(Address) Sinai Hospital

D. B. 1268-9 F 13809

F 13809

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womans Hospital St., 9 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Lydia May Heckert

(a) Residence: No. 2124 Harford Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (a) WIFE of Joseph Heckert

6. DATE OF BIRTH (month, day, year) June 23, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	9	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Schellsburg, Pa. Penna.

13. NAME Phelps Leichle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Henrietta Schaffer

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Joseph Heckert

(Address) 2124 Harford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Schellsburg, Pa. Date June 26, 1935

19. UNDERTAKER E. Leroy Stoller, Inc.

(Address) 1256 North Ave.

FILED June 25, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 22nd, 1935, to June 23rd, 1935

I last saw her alive on June 23rd, 1935. Death is said to have occurred on the date stated above, at 8:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with metastasis to Liver.	

Other contributory causes of Importance:

Name of operation Exploratory Laparotomy Date of 4-30-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Beverley C. Compston, M. D.

(Address) Womans Hosp

F 13810 F 13810

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3601 Fairfield Rd. St., 25 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 18 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Madeline D.Pulaski.

(a) Residence: No. 3601 Fairfield Rd. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) December 4, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Charles Pulaski.

14. BIRTHPLACE (city or town) (State or country) Pittsburg, Pa.

15. MAIDEN NAME Helen Streasky.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Helen Streasky.(mother)
(Address) 3601 Fairfield Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date June 24 1935

19. UNDERTAKER F W Brazenski
(Address) 1930 Eastern Ave.

20. FILED 1935 Hamilton Philadelphia, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 6.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rachitis.	
Other contributory causes of importance:	

Name of operation None. Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Otto M Reinhardt, M. D.
Coroner
6/22/35 (Address) 1017 E. Charles St.

F 13811

D. B. 1268

F 13811

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓108

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. Md. General Hospital St., 12 Ward)

gth of residence in city or town where death occurred 38 yrs. 8 mos. 5 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

FULL NAME Margaret D. Pfiefer

(a) Residence: No. 3014 Greenmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

If married, widowed, or divorced
HUSBAND of
(or) WIFE of George H Pfiefer

ATE OF BIRTH (month, day, year) 10-16-1896

GE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... m'n.
38	8	5 6	

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
9. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

12. NAME William Ervin

13. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Elizabeth Russell

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

INFORMANT Mr George H Pfiefer

(Address) 3014 Greenmount Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cemetery Date 6-26-1935

UNDERTAKER Albert L Hilt Jr

(Address) 1606 N Chester Street

FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.52 p m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

	Date of onset

Other contributory causes of importance:

Name of opecation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injucy ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edam M. D.
Coroner

(Address) 1257 Hanover St

F 13812

F 13812

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World's

2. FULL NAME George Gross.

(a) Residence: No. 408 Argyle Ave St.; Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

If married, widowed, or divorced HUSBAND of (or) WIFE of Edna.

6. DATE OF BIRTH (month, day, year) 2/19/1902.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33.	4	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier ret'd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

13. NAME George Gross.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Annie?

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Mrs Edna Gross

(Address) 1400 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemtery Date 6/25, 35

19. UNDERTAKER Thos. E. Kelson

(Address) 1303 Presstman st

20. FILED 6/25, 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1935 to 6/21, 1935

I last saw him alive on 6/20, 1935 Death is said to have occurred on the date stated above, at 9:40 p. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia — Date of onset 1 day.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reitz M. D.

(Address) Balto City Hosp

3813

F 13813

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Bellona Ave. Edgewood San 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary J. Jackson

(a) Residence: No. Bellona Ave. Edgewood Sanatarium St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Nove 21.1850

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimpre Md.

13. NAME Vincent R. Jackson

14. BIRTHPLACE (city or town) (State or country) Georgetown D. C.

15. MAIDEN NAME Julia Martin

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT Luther M. Jackson

(Address) 2206 Chilham Road

BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date June 24. 1935

UNDERTAKER John C. Mitchell Sons

(Address) 1900 Eutaw Place

FILED 6-24 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to June 22, 1935. Last saw h[er] alive on June 21, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriole Sclerosis	1 year
Other contributory causes of importance: Myocardial Insufficiency	June 7

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? exam'd Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M Bunn and Ford M. D.

(Address) 2216 Garrison Boulevard

F 13814

13814

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

CITY OF BALTIMORE: (No. 4700 Curtis Ave. St. 25 Ward)

Length of residence in city or town where death occurred 15 yrs. --mos.--ds. How long in U. S. If of foreign birth? 42 yrs. --mos.--ds.

FULL NAME Raphael Szymanowski.

(a) Residence: No. 4700 Curtis Ave. St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, XXXXXXXXXX HUSBAND of XXXXXXXX Peliga Szymanowski

DATE OF BIRTH (month, day, year) September--1867

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	9 10	?	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tool dresser.

Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2046

Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Russia.

7. NAME Do not know.

8. BIRTHPLACE (city or town) (State or country) Do not know.

9. MAIDEN NAME Do not know.

10. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Peliga Szymanowski.(wife)

(Address) 4700 Curtis Ave.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cems Date June 25 1935

UNDERTAKER Wm S. Fialkowski

(Address) 2002 Eastern Ave

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.30 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Albert Reinhardt, M. D. Coroner

6/22/35 (Address) 1017 E. Charles St.

D. B 1268-9

13815 HEALTH DEPARTMENT—CITY OF BALTIMORE E 13815

131

CERTIFICATE OF DEATH

Registered No.

PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1803 Aliceanna St., 2 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Robert Milanicz

(a) Residence: No. 1803 Aliceanna St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

If married, widowed, or divorced, HUSBAND of (or) WIFE of: Agnes Milanicz

DATE OF BIRTH (month, day, year): March 8 1864

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	12	

Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retail merchant

Industry or business in which work was done, as silk mill, saw mill, bank, etc.: meat store

Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Unknown Austrian Poland

NAME

BIRTHPLACE (city or town) (State or country): Poland Unknown

MAIDEN NAME

BIRTHPLACE (city or town) (State or country): Poland

INFORMANT: Edward Milanicz (Son)

(Address) 1803 Aliceanna St

BURIAL, CREMATION, OR REMOVAL

Place: St Stanislaus Cem Date: June 25, 1935

UNDERTAKER: M. S. Piaskowski

(Address) 2007 Eastern Ave.

FILED: 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 10.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	
Contributory causes of importance: Cardiac hypertrophy with chronic nephritis	

Name of operation: Date of

What test confirmed diagnosis: Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) [illegible] M. D.

(Address) 1015 S. Ellwood Ave

F 13816

F 13816

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 711 S. Regester St., W Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Rose Ratajczak

(a) Residence: No. 711 S. Regester St ... St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced WIFE of (or) HUSBAND of Ignacy Ratajczak

DATE OF BIRTH (month, day, year) unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	45			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME Michal Gorowicz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Ignacy Ratajczak

(Address) 711 S. Regester St

BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 24 1935

UNDERTAKER William Fairfowley

(Address) 1618 East Eager Ave

FILED ... 19... ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-21 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21st 1935 to June 21st 1935

last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 1.30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Indigestion	
Other contributory causes of importance: Heart Disease	Unk

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. L. Lehmann M. D.

(Address) 30 S. Broadway

F 13817

F 13817

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

. PLACE OF DEATH

TY OF BALTIMORE: (No. Balto. City Hosp. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

ngth of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

FULL NAME Solomon Payne.

(a) Residence: No. 732 Dolphin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

EX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
ale	Colored.	Widowed.

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Catherine

DATE OF BIRTH (month, day, year) Feb 27 1858

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Washington

14. BIRTHPLACE (city or town) (State or country) Balto.

15. MAIDEN NAME Lovinia Anderson.

16. BIRTHPLACE (city or town) (State or country) Balto.

INFORMANT Mary T. Baker sister

(Address) 732 Dolphin St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date June 24 1935

UNDERTAKER Mrs R.A. Elliott - Daughter

(Address) 429 Carlton St.

Filed 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/21, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/24, 1933 to 6/21, 1935

I last saw him alive on 6/21, 1935 Death is said to have occurred on the date stated above, at 8.10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic nephritis c uremia

Hypertension.

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Senility.

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reite M. D.

(Address) Balto City Hosp.

D. B. [illegible] 13818 Dean F 13818

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 54-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL St., Ward)

Length of residence in city or town where death occurred 1 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME DAVID DEAN

(a) Residence: No. Sykesville Md. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED.

If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie A. Dean

6. DATE OF BIRTH (month, day, year) June 9 1884

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51		16d	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R

10. Date deceased last worked at this occupation (month, day, year) 1934 | 11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Pa.

13. NAME OF FATHER John H. Dean

14. BIRTHPLACE (city or town) (State or country) Unk.

15. MAIDEN NAME OF MOTHER Lucie Woodward

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Carrie A. Dean

(Address) Sykesville Md.

18. BURIAL, CREMATION, OR REMOVAL Hillsfield Cem. Date June 26 1935

19. UNDERTAKER Kuhn & Son Inc

(Address) Sykesville Md.

20. FILED JUN 24 1935 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from MAY 26, 1935 to JUNE 23, 1935.

I last saw him alive on JUNE 23, 1935 Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
BRONCHO PNEUMONIA	6-21
ADENOMA OF PANCREAS	6 mos
Other contributory causes of importance: NEOPLASM RT CHEST (TYPE UNDETERMINED)	

Name of operation REMOVAL OF ADENOMA Date of 6-24

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) University Hospital

F 13819

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13819

CERTIFICATE OF DEATH

134

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 16 Ward)

Length of residence in city or town where death occurred 13 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Otto Engel

(a) Residence: No. 609 Lyndhurst St., 14 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Marie Engel.

DATE OF BIRTH (month, day, year) Nov. 1, 1861

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
73		9	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Meat Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butcher Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Germany

13. NAME August Engel

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Mrs. Marie E. Ruppel

(Address) 609 Lyndhurst St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 15, 1935

UNDERTAKER George L. Lotzmann

(Address) 2101 Frederick Ave.

FILED 1935 Office of Registrar of Vital Statistics

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22-35

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935, to June 22, 1935

I last saw him alive on June 20, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Nephritis chronic

Date of onset

Other contributory causes of importance:

Paralytic Ileus

Name of operation Nephrectomy Date of 6-15

What test confirmed diagnosis? Pathological, Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) H. Harvey Hoop, M. D.

(Address) Mercy Hosp.

D. B 1268-9

B 13820

HEALTH DEPARTMENT—CITY OF BALTIMORE

13820 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

. PLACE OF DEATH

TY OF BALTIMORE: (No. Provident Hospital 14 Ward)

gth of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

FULL NAME Annie Hughe

(a) Residence: No. 1805 Division St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of Louis Hughes

6. DATE OF BIRTH (month, day, year) Aug 17 1861

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
73	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto md

13. NAME OF FATHER Thomas White

14. BIRTHPLACE (city or town) (State or country) Balto md

15. MAIDEN NAME OF MOTHER Sophia ? (Sophia Smith)

16. BIRTHPLACE (city or town) (State or country) Balto md

17. INFORMANT Harriett Hawkins

(Address) 408 Dolphin St

18. BURIAL, CREMATION, OR REMOVAL Date 6/25/35 19

Place Laurel

19. UNDERTAKER Mrs Lizzie E. Keller

(Address) 160 Virginia Ave Laurel

20. Filed 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23 1935 to June 23 1935

I last saw her on June 23 1935. Death is said to have occurred on the date stated above, at 12 M m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial Nephritis	June
Chronic Myocarditis	1935

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Geo. S. Allen M. D.

(Address) 50 Laurel St

F 13821 F 13821

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1424-Riverside Ave St. 24 Ward)

Length of residence in city or town where death occurred life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR CIVIL

2. FULL NAME JOHN A. HOUCK

(a) Residence: No. 1424-Riverside Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary E. (nee Dugan)

6. DATE OF BIRTH (month, day, year) 11/5/1848

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
86	7	17	xxxxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired RR 073

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crossing Watchman

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

12. NAME William J. Houck

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) M

INFORMANT John R. Houck

(Address) 1561-Carswell Street

BURIAL, CREMATION, OR REMOVAL

Place US-National Cem Date 6/25/35 19

UNDERTAKER George J. Ruth Inc

(Address) 1725-Harford Ave.

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935 to June 22, 1935

I last saw him alive on June 22, 1935 Death is said to have occurred on the date stated above, at 4:30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	
Uremia	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? No Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

6/23/35 (Signed) W. L. Campbell M. D.

(Address) 1644 Hanover St

H. D. P. 1205-9

F 13822

HEALTH DEPARTMENT—CITY OF BALTIMORE

13822

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Gibule

(a) Residence: No. 619 S Patterson Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) June - 15 - 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date June 24, 1935

UNDERTAKER

(Address) Huntington Williams, M.D.

FILED 1935 Registrar.

1490

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1935, to June 17, 1935.

I last saw her alive on June 17, 1935. Death is said to have occurred on the date stated above, at 3 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity (6 month)	2 days.

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Dr. M. D.

(Address) Johns Hopkins Hospital

F 13823

B. B 1288-5

8823

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Crosby

(a) Residence: No. 727 Tyson St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male | 4. Color or Race: Black | 5. Single, Married, Widowed, or Divorced (write the word):

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): 6/20/35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Born

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Md —

13. NAME: Jordan Crosby

14. BIRTHPLACE (city or town) (State or country): Pa

15. MAIDEN NAME: Pearl Carter

16. BIRTHPLACE (city or town) (State or country): Pa —

INFORMANT: Nurse —

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place: J.H. Med School Date: June 24, 1935

UNDERTAKER

(Address)

FILED: 1935 Registrar.

1191

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to June 21, 1935

I last saw him alive on June 21, 1935 Death is said to have occurred on the date stated above, at 11:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	birth

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Johns Hopkins Hospital

Spec. F 7-10-24 [illegible] Bks.

F 13824

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13824

CERTIFICATE OF DEATH.

✓ 157-D

REGISTERED NO.

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 1101 N. Bradford St., 8 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Baby Bena

(a) RESIDENCE NO. 1101 N. Bradford St. ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX none (monster)

4 COLOR OR RACE white

5 Single, Married, Widowed, or Divorced, (write the word) ✓ newborn

6a If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6 DATE OF BIRTH (month, day, and year) June 23, 1935

7 AGE — Years | Months | Days | If LESS than 1 day, hrs. or 5 min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work ..... ✓ stillborn

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Balto Md

10 NAME OF FATHER Elmer Bena

11 BIRTHPLACE OF FATHER (city or town) Balto Md (State or country)

12 MAIDEN NAME OF MOTHER Bertha Priet

13 BIRTHPLACE OF MOTHER (city or town) Phila. Pa. (State or country)

14 Informant Elmer Bena

(Address) 1101 N. Bradford St.

15 Filed ..... 1935 [illegible] for Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23 1935

17 I HEREBY CERTIFY, That I attended deceased from 6/23/35, 19 .., to 6/23/35, 19 .., that I last saw h.. alive on 6/23/35, 19 .., and that death occurred, on the date stated above, at 3.25 A m.

The CAUSE OF DEATH* was as follows:

Faulty development

One legged, asexual monster

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) Insufficient Vitality

(duration) ..... yrs. ..... mos. ✓ da.

18 Where was disease contracted if not at place of death? ✓

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? mgt

(Signed) Joseph Pokorny, M. D.

, 19 (Address) 2200 E Madison St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Emblydzid Lodge

DATE OF BURIAL ..... 19 .....

20 UNDERTAKER

ADDRESS

H. D. P. 1268-9

F 13825

3825

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 95-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens + Caton Ave Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Melvin N. Dell

(a) Residence: No. 204 N. Hilton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Naomi R. Dell

DATE OF BIRTH (month, day, year) January 16, 1915

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magazines

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 1

BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Geo A Dell

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Helen Newcomer

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Mrs Naomi R Dell

(Address) 425 East Lyon St

BURIAL, CREMATION, OR REMOVAL.

Place London Park Date June 27 1935

UNDERTAKER Geo W Little

(Address) 2700 Edmondson Ave

FILED 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-24-1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to June 24, 1935

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 4:20 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Rheumatic Heart Disease ?

Subacute bacterial Endocarditis

Other contributory causes of importance:

Strep viridans septicemia

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John F. Healy M. D.

(Address) St. Agnes Hosp.

F. D. B. 1268-9

F 13826

3826

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2878 Mayfield Ave St., 8 Ward)

Length of residence in city or town where death occurred 26 yrs. mos. 28 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles T. Clarkson

(a) Residence: No. 2878 Mayfield Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

DATE OF BIRTH (month, day, year): May 26, 1909

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26		27 28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffer do 23

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Baltimore, Md.

13. NAME: Charles Clarkson

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Estelle Falck

16. BIRTHPLACE (city or town) (State or country): Baltimore.

INFORMANT: Estelle Falck

(Address): 2878 Mayfield Ave

BURIAL, CREMATION, OR REMOVAL

Place: Holy Redeemer Date: June 26/35

UNDERTAKER: Frank Cvach & Son

(Address): 1906 Ashland Ave

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1935 to June 23, 1935

I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 7.44 A m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1933

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? If so, specify .....

(Signed) William A Bonner M. D.

(Address) 801 E Eden

Dora Custis

13827

HEALTH DEPARTMENT—CITY OF BALTIMORE

13827

CERTIFICATE OF DEATH

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospitals Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Dora Custis

(a) Residence: No. 1200 McCulloh St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of John H. Custis

6. DATE OF BIRTH (month, day, year) (?) 1893

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
(?) 42			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic (?)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Prince George's Md.

13. NAME Stephen Slater

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Elizebeth Gilbert

16. BIRTHPLACE (city or town) (State or country) ? Md.

INFORMANT Records - B. C. H.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 6/26/ 1935

UNDERTAKER Thomas E. Kelson

(Address) 1303 Freestman St

FILED

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/20 1935 to 6/22 1935

I last saw h alive on 6/22/35 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Coma	6/20/35
Diabetes Mellitus	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hospitals

D. B 1268-9

F 13828

HEALTH DEPARTMENT—CITY OF BALTIMORE

13828

CERTIFICATE OF DEATH

✓ 164-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2411 Reisterstown Rd St. 3 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Ada F. Sneed

(a) Residence: No. 2411 Reisterstown Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

If married, widowed, or divorced HUSBAND of (or) WIFE of Wade H. Sneed

6. DATE OF BIRTH (month, day, year) June 20-1890

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	—	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME OF FATHER John D Bond

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME OF MOTHER Fanny Pearal

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Wade H. Sneed

(Address) 2411 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL Place Augusta Ga Date 6/24/35

19. UNDERTAKER Bernard A. Finch

(Address) 1135 Harford Road. Huntington Williams, N.Y.

FILED 1935, 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . I last saw h alive on June 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Illuminating Gas Asphyxia — Date of onset —

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury 6/22, 1935

Where did injury occur? 2411 Reisterstown Rd (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. Didusch Jones M. D. Coroner

(Address) Coroner

E 13829

HEALTH DEPARTMENT—CITY OF BALTIMORE

13829

CERTIFICATE OF DEATH

104-B

. PLACE OF DEATH Baltimore City Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

TY OF BALTIMORE: (No. ..... St., ... Ward)

ngth of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

. FULL NAME George Ribbon

(a) Residence: No. 14 N. Dallas St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ribbon

DATE OF BIRTH (month, day, year) Jan 10, 1881

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	5	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) 2 | 11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME Chas Ribbon

14. BIRTHPLACE (city or town) (State or country) Balto

15. MAIDEN NAME Margaret Z

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Hospital Records

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Date June 24 1935

UNDERTAKER Geo. E. Muller

(Address) 2435 E. Eleventh

Filed 6-25-35 Huntington Williams NP

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to June 22 1935

I last saw h[illegible] alive on June 22, 1935 Death is said to have occurred on the date stated above, at 9:35 PM

The principal cause of death and related causes of importance were as follows:

Gas Bacillus infection following Arteriosclerosis & Diabetes mellitus — Date of onset [illegible]

Other contributory causes of importance Bronchio-pneumonia

Was an operation performed? Yes Date of 9/22/35

For what disease or injury? Damage & Compression

Name of operation Amputation Date of 9/22/35

What test confirmed diagnosis ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Samuel H. Gorgas M. D.

(Address) Balto City Hosp.

M. D. P. 1268-9

F 13830

HEALTH DEPARTMENT—CITY OF BALTIMORE

13830

CERTIFICATE OF DEATH

✓ 115-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Wilkens & Catalpa St. Ward) St. Agnes' Hospital Out

Length of residence in city or town where death occurred 2 yrs. 8 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sally Lou Housley

(a) Residence: No. 628 Wyeth St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Single

DATE OF BIRTH (month, day, year) Oct 12 - 1932

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	8	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John P Housley

14. BIRTHPLACE (city or town) (State or country) New York

15. MAIDEN NAME Catherine Higgins

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Catherine Housley

(Address) 628 Wyeth St

BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date June 25 1935

UNDERTAKER Towell & Byers

(Address) 1017 W Cross St

FILED ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) June 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19. 1935 to June 22 1935

I last saw her alive on June 22 1935. Death is said to have occurred on the date stated above, at 6 45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute stomatitis, tonsilitis & pharyngitis	6/14
secondary confluent bronchopneumonia	6/18

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical S.M. Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No (If yes, specify)

(Signed) Carl G Muriel M. D.

(Address) Bay View Hosp

F 13831

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13831

CERTIFICATE OF DEATH.

✓ 131

REGISTERED NO._____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

City of BALTIMORE: (No. 706 W. Lemmon St. 17-3 Ward)

2-FULL NAME Adolphus Stokes

(a) RESIDENCE NO. 706 W. Lemmon St. _____ Ward _____

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. ____ mos. ____ ds. How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 Color or Race: Col

5 Single, Married, Widowed, or Divorced. (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Lucie Stokes

DATE OF BIRTH (month, day, and year): April 24, 1894

AGE	Years	Months	Days	IF LESS than 1 day ..... hrs. or ..... min.
	41	1	26	

OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Barber Pool

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

BIRTHPLACE (city or town): Griffin

(State or country): N.C.

10 NAME OF FATHER: Bedford Stokes

11 BIRTHPLACE OF FATHER (city or town): N.C.

(State or country)

12 MAIDEN NAME OF MOTHER: Julia Wright

13 BIRTHPLACE OF MOTHER (city or town)

(State or country)

Informant (Address)

Filed 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 21, 1935

17 I HEREBY CERTIFY, That I attended deceased from April 5, 1935, to June 21, 1935

that I last saw him alive on June 21, 1935,

and that death occurred, on the date stated above, at 9:30 P. m.

The CAUSE OF DEATH* was as follows: Chronic Nephritis

(duration) ____ yrs. 3 mos. ____ ds.

CONTRIBUTORY (Secondary)

(duration) ____ yrs. ____ mos. ____ ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) Wm H Watts, M. D.

June 24 1935 (Address) 515 Washington

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Griffin - N.C.

Date of Burial: June 24 1935

20 UNDERTAKER: Mrs Katie R. Williams

ADDRESS: 527 N. Stricker St.

D. B. 1268-9

13832 ✓ E 13832

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PLACE OF DEATH

TY OF BALTIMORE: (No. University Hospital St., 4 Ward)

gth of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

FULL NAME Ruth May Gartrell

(a) Residence: No. Gaither, Howard Co. Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

X	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
.	W.	Single

f married, widowed, or divorced
HUSBAND of
(or) WIFE of

ATE OF BIRTH (month, day, year) July 27, 1925

GE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	9	10	27	

. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Schools
. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

IRTHPLACE (city or town) (State or country) Md.

. NAME W. J. Bryan Gartrell

. BIRTHPLACE (city or town) (State or country) Md.

. MAIDEN NAME Olive Shane

. BIRTHPLACE (city or town) (State or country) Md.

FORMANT (Address) W. J. Bryan Gartrell Gaither Md.

URIAL, CREMATION, OR REMOVAL
Place Morgan Chapel County June 26 1935

NDERTAKER (Address) L. M. Nattz Mayfield Md.

LED 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...
I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset.
Measels	10. Days
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...
If so, specify ...

(Signed) ... M. D.
Coroner
(Address) ...

D. B. 1265-9

F 13833

3833

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 121

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lunatic Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Mackenzie

(a) Residence: No. Ellicott City MD St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
11			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Maryland

13. NAME of father Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME of mother Mary E. Pitts

16. BIRTHPLACE (city or town) (State or country) Virginia

INFORMANT Mrs. Kimble

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Lunatic Hospital Cem. Date May 27 1935

UNDERTAKER Easton Sons

(Address) Ellicott City.

FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-11-35, 19... to 6-4-35, 19...

I last saw h... alive on 6-4-35 19... Death is said to have occurred on the date stated above, at 7:35 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	6-1-35
Ruptured appendix	5-11-35
Acute appendicitis	5-14-35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address)

F 13834

3834 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1649 McKean Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Clara B. Johnston

(a) Residence: No. 1649 McKean Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widow

If married, widowed, or divorced
HUSBAND of (or) WIFE of Captain Frederick W. Johnston

DATE OF BIRTH (month, day, year) Aug. 15, 1871.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	10	8 7	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Basil N. Martin

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Clara McKewin

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Mrs William Wolf

(Address) 1649 McKean Ave.

BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date June 25, 1935

UNDERTAKER Frederick A. Cole

(Address) 1200 W. Lombard St

Huntington Williams, Inc

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/35. 19

22. I HEREBY CERTIFY, That I attended deceased from 6/1/ 1935. to 6/22/35 19

I last saw h alive on 6/22/ 1935. Death is said to have occurred on the date stated above, at 7.57 A m.

The principal cause of death and related causes of importance were as follows:

Hypertension — 7
Chr Dysentery — 1

Other contributory causes of importance: Cerebral Apoplexy — 3 days

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bernard J. Terry, M. D.

(Address) 910 W. Lombard

D. B. 1268-9

F 13835

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13835

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital 94-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., 28 Ward)

Length of residence in city or town where death occurred 53 yrs. 11 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elmer L. Potter.

(a) Residence: No. 5304 Wayne ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race White. | 5. Single, Married, Widowed, or Divorced (write the word) Married

If married, widowed, or divorced HUSBAND of Alice V.

6. DATE OF BIRTH (month, day, year) July 18 1881

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	53	11	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Public Accountant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) June 14, 1931

11. Total time (years) spent in this occupation 2008 years

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles W. Potter

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Ann V. Potter

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Alice V. Potter

(Address) 5304 Wayne ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 26, 1931

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

20. FILED June 25 1931 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 2.20 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis.
Arteriosclerosis.

Date of onset

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Hamm Coroner, M. D.

(Address) 1216 Hanover.

F 13836 ✓ F 13836

HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH: Home for Aged of M.E.Church

CITY OF BALTIMORE: (No. 2211 Rogers Ave., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 74 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ella Kernan

(a) Residence: No. 2211 Rogers Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Female	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of .....

DATE OF BIRTH (month, day, year) Nov 26th 1861

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74	6	27	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home for Aged

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME John Kernan

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Julia McComas

16. BIRTHPLACE (city or town) (State or country) Harford Co Md

INFORMANT Mrs Mary B. Trout

(Address) 2211 Rogers Ave

BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date June 25th 1935

UNDERTAKER Wm Cook

(Address) 117 St Paul St

FILED JUN 26 1935 18 Lexington Williams Registrar

BY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23rd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Febry 2 1935 to June 23 1935

I last saw her alive on June 22 1935 Death is said to have occurred on the date stated above, at 9:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchitis Chronic	
Other contributory causes of importance Cardiac Insufficiency	

Was an operation performed? No Date of —

For what disease or injury? None

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 .....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ✓

(Signed) George C Pearson M. D.

(Address) 700 N. Fulton Ave

F 13837

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13837

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals St., 13 Ward)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Walter C. Jones

(a) Residence: No. 2226 Madison Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of not known

7. DATE OF BIRTH (month, day, year) Oct 4 1878

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	8	13 19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Monkton Maryland.

13. NAME William Jones

14. BIRTHPLACE (city or town) (State or country) Monkton Md.

15. MAIDEN NAME Mary Austin

16. BIRTHPLACE (city or town) (State or country) Monkton Md.

17. INFORMANT Mrs. Johnson.

(Address) 2226 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Lebanon Cem Date 6—20— 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 N Bridge Ed

19. D. Jun 25 1935 19... Funeral Director.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 12.50 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary embolism	June 19
Other contributory causes of importance:	
(sub-acute) Myocarditis	Jan 1935

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) ... M. D.

(Address) 1010 S. Belnord Ave

D. B. 13838 F 13838

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 14 Ward)

Length of residence in city or town where death occurred 48 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Helen Johnson

(a) Residence: No. 1505 Elwood Hill Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Weaver Johnson

6. DATE OF BIRTH (month, day, year) March 10, 1887

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
48	3	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME OF FATHER Henry Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME OF MOTHER Anna Archer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mary E. Stokes

(Address) 1505 Elwood Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Laurel Cem Date 6 - 27, 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 N Bicadle St

20. FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Appendicitis	

Other contributory causes of importance:

Ruptured Appendix with Peritonitis and appendiceal abscess

Name of operation Drainage T Abscess Date of 6/23/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schumpert, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. B. 1268-9

13839 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 13839

CERTIFICATE OF DEATH

50 Registered No.

1. PLACE OF DEATH Howard Kelly Hospital Inc. (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1418 Eutaw Place 7th Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. William Herzog (Marguerite Wroten)

(a) Residence: No. 307 S. Highland Ave St., Ward. No War Service
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W. Irish	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of William H. Herzog

6. DATE OF BIRTH (month, day, year) Dec 21 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	7	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Executive clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓
10. Date deceased last worked at this occupation (month and year) 7-1-1933
11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME James L. Wroten

14. BIRTHPLACE (city or town) (State or country) Dorchester Co

15. MAIDEN NAME Laura Stewart

16. BIRTHPLACE (city or town) (State or country) Dorchester Co Maryland

17. INFORMANT Mr. C. William W. Herzog (son)
(Address) 307 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Carmel Date June 26 1935

19. UNDERTAKER Stewart Mortuary Co.
(Address) 408 W. North Ave.

6 25 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28 1934 to June 24 1935
I last saw h[illegible] alive on June 24 1935 Death is said to have occurred on the date stated above, at 4 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma right breast	

Other contributory causes of importance:
Metastasis to lungs & skeleton

Name of operation amputation R breast Date of 3/2/24

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury No
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify.

(Signed) William Reed Jr. M. D.
(Address) 1418 Eutaw Place

F 13840 ✓ F 13840

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Maryland General Hospital (Ward)

Length of residence in city or town where death occurred 0 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran (Give war)

2. FULL NAME Mrs. Ella Mowbray - Ella Matthiessen Mowbray

(a) Residence: No. 3023 St. Paul St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced (or) WIFE of Rev. Edwin T. Mowbray

DATE OF BIRTH (month, day, year) Dec 27-1865

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	64	5	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME OF FATHER Edward Rider

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME OF MOTHER Rebecca McConkey

16. BIRTHPLACE (city or town) (State or country) Balto Md

INFORMANT Rev Edwin T. Mowbray

(Address) 516 N Charles St

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Date June 25 1935

UNDERTAKER The Frederick Funeral Service

(Address) North & Fremont Sts

FILED JUN 25 1935 E. Jean Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 9, 1935 to June 23, 1935

I last saw her alive on June 23, 1935 Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Heart Disease	1930

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Claude Elliott Babcock M.D.

(Address) Maryland General Hospital

✓ F 13841

F 13841 HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred / yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Roy Cook

(a) Residence: No. Commercial Hotel, Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 25, 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
45	10	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Kentucky

13. NAME John Cook

14. BIRTHPLACE (city or town) (State or country) Kentucky

15. MAIDEN NAME Martha Knight

16. BIRTHPLACE (city or town) (State or country) Kentucky

INFORMANT Hospital Records
(Address)

BURIAL, CREMATION, or REMOVAL Owensboro Ky
Place Elmwood Date June 26, 1935

UNDERTAKER Walthour Co
(Address) 1217-21 Eutaw St

1935 Huntington Williams, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to June 23, 1935

I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 5.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov 1934

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis Clin. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meya W. Jacobson, M. D.
(Address) Baltimore City Hospital

F 13842 ✓ F 13842

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Homewood Apts. St., 17th Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Dulaney Foster

(a) Residence: No. Charles & 31st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widow

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence Foster

DATE OF BIRTH (month, day, year) Sept. 21, 1855

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
79	80	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Dulaney

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Sarah Alter

16. BIRTHPLACE (city or town) (State or country) Va.

INFORMANT Clarence D. Foster
(Address) 5502 Groveland Ave.

BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date 6/27/35

UNDERTAKER John O. Mitchell & Sons
(Address) 1900 Eutaw Place

FILED 6/25 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from January, 1935, to May 25, 1935

I last saw her alive on May 24, 1935. Death is said to have occurred on the date stated above, at 5:10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Hypertension	
Myocardial Insufficiency.	

Other contributory causes of importance:
Cystitis, Pyelitis

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Hattie L. Winkenwerder M. D.

(Address) 1014 St. Paul St.

D. B 1268-9

F 13843

HEALTH DEPARTMENT—CITY OF BALTIMORE

13843

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1621 Jefferson St. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Burnella Kelley

(a) Residence: No. 1621 Jefferson St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 1927

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
8			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

9. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

10. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

12. NAME Parents Whites

14. BIRTHPLACE (city or town)
(State or country) Virginia

15. MAIDEN NAME Emma Whitelock

16. BIRTHPLACE (city or town)
(State or country) Virginia

INFORMANT Emma Whitelock
(Address) 1621 Jefferson St.

BURIAL, CREMATION, OR REMOVAL
Place Mt Calvery Date June 27 1935

UNDERTAKER Edw. Lyon
(Address) 1631 Pleasant St

FILED 1935 Huntington, Virginia Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 5:00 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis (RL)	2 Years
Other contributory causes of importance:	
Tubercular Peritonitis	6 months

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Carl Schenken M. D.
Coroner

(Address) 1919 E. Fath Ave.

✓ F 13844

13844

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Mary Hall

(a) Residence: No. 173 Orleans St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Oct 1852.

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	8		

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Joseph Wright

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Records Beth.

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Olivet Cemetery Date June 26 1935

UNDERTAKER Edw Bryan

(Address) 1631 Pulaski Hwy Huntingdon Hillcrest, Md

FILED JUN 26 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/22, 1935

I last saw her alive on 6/22, 1935 Death is said to have occurred on the date stated above, at 2 a. m.

The principal cause of death and related causes of importance were as follows: Myocardial insufficiency — Date of onset 3 yr.

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

13845

F 13845

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

45-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 436 East Grindall St., 24 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Thomas Airey

(a) Residence: No. 436 E. Grindall St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 4, 1889

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
46	4	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship yards

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 27 yrs

BIRTHPLACE (city or town) (State or country) Cambridge Maryland

13. NAME Louis Airey

14. BIRTHPLACE (city or town) (State or country) Cambridge Md.

15. MAIDEN NAME Mary Elizabeth Casey

16. BIRTHPLACE (city or town) (State or country) Elliott City Md.

INFORMANT Mary E. Airey

(Address) 436 E. Grindall St.

BURIAL, CREMATION, OR REMOVAL

Place Western Cem Date June 25, 1935

UNDERTAKER John F Dorsey

(Address) 716 Light St

FILED JUN 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to June 21, 1935

I last saw him alive on June 21, 1935 Death is said to have occurred on the date stated above, at 5:30 P.m.

The principal cause of death and related causes of importance were as follows:

Carcinomatosis — (primary site was the lip)

Date of onset 1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Nathan Raevsin, M. D.

(Address) 206 S. Elmor St

F 13846

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13846

CERTIFICATE OF DEATH

56

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 803 W Oaten St. 71 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John B Centenia

If U. S. Veteran specify WAR

(a) Residence: No. 803 W. Oaten St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Mal	Colored	married

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME

14. BIRTHPLACE (city or town) (State or country) Not None

15. MAIDEN NAME Not None

16. BIRTHPLACE (city or town) (State or country) South Carolina

INFORMANT Angie Jenano

(Address)

BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date June 25th 35

UNDERTAKER Elroy O Wilson

(Address) 1100 Pennsylvania Ave, Baltimore, Md

5 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935, to June 23, 1935

I last saw h alive on June 22, 1935. Death is said to have occurred on the date stated above, at 1.25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	June 35
Other contributory causes of importance:	
	dow

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) E Burley Strong, M. D.

(Address) 729 Washington Blvd

F 13847

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13847 ✓ 93-C

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 311 S. Washington St., V Ward)

Length of residence in city or town where death occurred 73 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John E. Firman

(a) Residence: No. 311 S. Washington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Annie E. Firman

DATE OF BIRTH (month, day, year): Dec 6/1861

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	6	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year): 26 Yrs

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Mark Firman

14. BIRTHPLACE (city or town) (State or country): England

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): ___

INFORMANT: Annie E. Firman

(Address): 311 S Washington St

BURIAL, CREMATION, OR REMOVAL

Place: Mt. Carmel Date: 6/25/35 19

UNDERTAKER: Philip Herwig & Son

(Address): 2016 Eutaw St

FILED: 1935, 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2 1935 to June 22 1935

I last saw him alive on June 22 1935 Death is said to have occurred on the date stated above, at ___ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular disease	? about 3 yrs
Other contributory causes of importance: Myocarditis	Jan. 1, 35

Name of operation: None Date of: ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Geo. Heller M.D.

(Address) 1937 Gough St

F 13848

H. D. B. 1268-9

13848

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 940 S. Kenwood Ave St., 1 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Caroline Smith

(a) Residence: No. 940 S. Kenwood Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of George Smith

DATE OF BIRTH (month, day, year) Dec. 23. 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	59	6	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 20 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Helen Walters

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Catherine Pyrell

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

INFORMANT George Smith

(Address) 940 S. Kenwood Ave

BURIAL, CREMATION, OR REMOVAL

Place Baltimore Gen. Date Jun. 26. 1935

UNDERTAKER J. Sander Sons Inc.

(Address) 1410 Fleet St.

JUL 8 1935 . 19..... Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1. 1935 to June 24. 1935

I last saw her alive on June 24. 1935 Death is said to have occurred on the date stated above, at 12.40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Unknown
Other contributory causes of importance: Acute Myocarditis	6/23/35

Name of operation none Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

6/ (Signed) H. B. Tilson M. D.

(Address) 315 S. Highland Ave

H. D. P. 1268-9

F 13849

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13849

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. Frank Grimes

(a) Residence: No. 4— N- Elwood. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): Oct. 2nd 1896

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	8	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Motor Bus Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

13. NAME: Frances M. Grimes

14. BIRTHPLACE (city or town) (State or country): Maryland

15. MAIDEN NAME: Catherine T. Donnelly

16. BIRTHPLACE (city or town) (State or country): Ireland.

17. INFORMANT: Catherine T. Spicer

(Address) 4 N. Elwood ave

18. BURIAL, CREMATION, OR REMOVAL.

Place New Cathedral Date June 26, 1935

19. UNDERTAKER: John T. Mason

(Address) 3010 E. Baltimore St.

FILED JUN 25 1935, 19.....

Huntington Williams, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1935, to June 22, 1935

I last saw him alive on 6-22, 1935. Death is said to have occurred on the date stated above, at 12 40 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach.

Date of onset .....

Other contributory causes of importance:

Cachexia

Name of operation Exploratory Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury ....., 19.....

Where did Injury occur? — (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) J. M. Magenella, M. D.

(Address)

D. B 1268-9

F 13850

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13850

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 9/26 Ward)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Margaret Karanaugh

(a) Residence: No. 608 E 33 St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

If married, widowed, or divorced: HUSBAND of (or) WIFE of Patrick J. Karanaugh

DATE OF BIRTH (month, day, year) Aug 12, 1873

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
61	62	10	10	

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

BIRTHPLACE (city or town) (State or country) Ireland

13. NAME John Foley Ireland

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Ellen McDonough

16. BIRTHPLACE (city or town) (State or country) Ireland

INFORMANT Mrs Pat J. Karanaugh
(Address) 608 E 33 St

BURIAL, CREMATION, OR REMOVAL Place New Cathedral Cem Date 9/26 1935

UNDERTAKER John F. Gorman
(Address) 3022 E Baltimore St

Huntington Williams M.D.
Registrar.

FILED. ..... 19.....

21135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Apoplexy	
Other contributory causes of importance: Hypertension	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? ..... If so, specify .....

(Signed) Chas W. Didenhover M. D. Coroner

(Address) 1505 Eutaw

CHARLES W. DIDENHOVER, M.D.

M. D. B. (1268-9) F 13851

F 13851

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 110 E. Montgomery St. 72 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 40 yrs. ... mos. ... ds.

2. FULL NAME Leonard Pipitone

(a) Residence: No. 110 E Montgomery St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Isabella Calegrino Pipitone

6. DATE OF BIRTH (month, day, year) Aug 9, 1861

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	10	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cooper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cooperage

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Luigi Pipitone

14. BIRTHPLACE (city or town) (State or country) Italy

MOTHER

15. MAIDEN NAME Grace Spano

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Luigi Pipitone
(Address) 110 E. Montgomery

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date June 25, 1935

19. UNDERTAKER Frank V. Pipitone
(Address) 2818 E. Baltimore

20. FILED 19... Registrar

25 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935 to June 23, 1935

I last saw him alive on June 23, 1935. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	
Other contributory causes of importance:	
Cardiac Dilatation	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Vincent M Mesanna, M. D.

(Address) 1411 S. Charles St

M. D. B. F 13852

F 13852

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV 34E-24

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Walter H. Shatzer

(a) Residence: No. 720 Forest st. Hagerstown Md. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	M.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia Shatzer

6b. DATE OF BIRTH (month, day, year) Feb 7, 1897

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40	4	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road Employee

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Machinist

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

13. NAME Harry Shatzer

14. BIRTHPLACE (city or town) (State or country) Chambersburg Pa

15. MAIDEN NAME Rose Rowe

16. BIRTHPLACE (city or town) (State or country) Chambersburg Pa.

17. INFORMANT (Address) Mrs Virginia Shatzer Hagerstown Md.

18. BURIAL, CREMATION, OR REMOVAL. Place Shippensburg Pa. June 27 1935

19. UNDERTAKER (Address) Fred E. Evans Hagerstown Md.

20. FILED JUN 29 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-25, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14-35, 19 ... to 6-25, 1935

I last saw him alive on 6-25, 1935. Death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculor Meningitis	5-25-35
Fortic Cardio-vascular	?
Central Nervous system Lues.	?

Other contributory causes of importance:

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) W. L. Fleming M. D.

(Address) University Hospital

M. D. B. 1208-B

13853 E 13853

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2002 Pulaski St. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Emma L. Ward

(a) Residence: No. 2002 Pulaski St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

6a. If married, widowed, or divorced (or) WIFE of Thomas M. Ward

6. DATE OF BIRTH (month, day, year) Feb. 18, 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Frederick Brinker

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Laura V. Bradley

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. C. Ward

(Address) 2002 N. Pulaski St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Cathedral Date June, 1935

19. UNDERTAKER Norton, Tabor & Sons

(Address) 1221 W. Pratt St.

20. 935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/22/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/25/34, 19 to 6/22/35, 19

I last saw h[illegible] alive on 6/22/35, 19 Death is said to have occurred on the date stated above, at 11:46 P.M.

The principal cause of death and related causes of importance were as follows:

Duration

Carcinoma Rectum 1 yr

Other contributory causes of importance:

Cystitis Pyuria 1 day

Cystitis Ethanol

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there no autopsy?

23. If death was due to external causes (violence) fill in (also) the following:

Accident, suicide, or homicide? ... Date of injury ..., 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) H. H. Hough, M. D.

(Address) 1 E. Eutaw St.

M. D. B 1268-9

F 13854

HEALTH DEPARTMENT—CITY OF BALTIMORE

13854

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1515 Presstman St., 15 Ward)

Length of residence in city or town where death occurred 6 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillie Marston

(a) Residence: No. 1515 Presstman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	C	S

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) April 6 1887

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	2	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Charles County Md

13. NAME Alexander Martin

14. BIRTHPLACE (city or town) (State or country) Charles County Md

15. MAIDEN NAME Sallie Matthews

16. BIRTHPLACE (city or town) (State or country) Charles County Md

INFORMANT Sallie Barnes

(Address) 1515 Presstman St

BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date June 25 19 35

UNDERTAKER

(Address)

FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-18-35

22. I HEREBY CERTIFY, That I attended deceased from 6-15 1935 to 6-18 1935

I last saw her alive on 6-18 1935 Death is said to have occurred on the date stated above, at 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	April 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] Coroner, M. D.

(Address) [illegible]

THE MORGUE

H. D. B 1268-9

F 13855

13855

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V, 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME "Buck" Palmer

(a) Residence: No. Unknown St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of n e c

DATE OF BIRTH (month, day, year) Unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
abt 30			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation Unknown

BIRTHPLACE (city or town) (State or country) Unknown

13. NAME "

14. BIRTHPLACE (city or town) (State or country) "

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) "

INFORMANT
(Address)

BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date June 25 19 35

UNDERTAKER
(Address) Huntington Pharmacy, N.Y.

FILED June 25 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 8 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
haemorrhage into spinal cord	
ANKYLOSED	
Other contributory causes of importance: 5 yr old fracture (ankylosed) 1° and terminal pneumonia	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? accident Date of injury June 6 1935
Where did injury occur? rear 1 Allen St nr Greenmount Ave
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place outdoors — while fleeing from police
Manner of injury fell from 9 ft fence
Nature of injury Concussion cerebro spinal

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. W. Wright, M. D.
Coroner
(Address) 1010 S. Ellwood Ave

F 13856

13856

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

6-7-937

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 20
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Gross

(a) Residence: No. 404 Ashton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married.
6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year): May 12, 1875

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60	1	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Factoryworker.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0086
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.
13. NAME of father: Wm. Gross.
14. BIRTHPLACE (city or town) (State or country): Md.
15. MAIDEN NAME of mother: Minnie Brooks.
16. BIRTHPLACE (city or town) (State or country): Md.
17. INFORMANT: PX.
(Address)
18. BURIAL, CREMATION, OR REMOVAL: Place University of Md. Date June 25, 1935
19. UNDERTAKER: Hunter Fu[illegible] Williamsport, Md.
(Address)

1935 1-495 [illegible]
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/18, 1935

I last saw him alive on 6/17, 1935 Death is said to have occurred on the date stated above, at 12:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 wks
	over

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.
(Address) Balto. City Hosp.

F 13857

13857

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 26 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Charles Culpepper.

(a) Residence: No. none St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

a. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) >

6. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68			

7. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

8. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cambridge Md.

13. NAME Daniel

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Francis >

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur'n.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date June 25 . 1935

19. UNDERTAKER

5 1935

20. FILED Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/29 . 19 35 to 6/10 . 1935

I last saw him alive on 6/10 . 1935 Death is said to have occurred on the date stated above, at 11:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reite M. D.

(Address) Balto City Hosp.

F 13858

13858

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V. 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 17-1 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....da. How long in U. S. If of foreign birth? .....yrs. .....mos. .....da.

If U. S. Veteran specify WAR .....

2. FULL NAME Annie Battle

(a) Residence: No. 912 Pear Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
56(?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0087

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Laurel, Md Date June 25, 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Huntington, Wil... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/9, 1934 to 6/19, 1935

I last saw her alive on 6/19, 1935 Death is said to have occurred on the date stated above, at 12:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	4 days
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

M. D. P. 1269-9

13859 E 13859

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Fisher

(a) Residence: No. 528 N Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	negro	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

7. DATE OF BIRTH (month, day, year) June 19, 1935

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Lee Fisher

14. BIRTHPLACE (city or town) (State or country) Fayetteville N C

15. MAIDEN NAME Sellon Willoughby

16. BIRTHPLACE (city or town) (State or country) Rocky Mount N C

17. INFORMANT Sellon Fisher (mother)

(Address) 528 N Pine St

18. BURIAL, CREMATION, OR REMOVAL

Place Universal's Md Date June 25 1935

19. UNDERTAKER [illegible]

(Address)

FILED [illegible] Huntington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to —, 19—

I last saw her alive on June 19 1935. Death is said to have occurred on the date stated above, at 2.43 m.

The principal cause of death and related causes of importance were as follows:

prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Elizabeth S. Langhelig M. D.

(Address) Baltimore City Hospital

M. D. F 1268-9

F 13860

13890 1

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Martin

(a) Residence: No. 102 N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Carrie

7. DATE OF BIRTH (month, day, year): 9-17-96

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	9	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

13. NAME: Frank Martin

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date June 25 1935

UNDERTAKER Mrs. Katie R. Williams

(Address) 324 N. Schroeder St.

FILED JUN 25 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935, to June 23, 1935

I last saw him alive on June 23, 1935 Death is said to have occurred on the date stated above, at 1:15 A m.

The principal cause of death and related causes of importance were as follows:

Chronic Glomerular Nephritis — Date of onset 7/07/28

Uraemia — Nov. 1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry D. Stoffers M. D.

(Address) The Johns Hopkins Hospital

M. D. B. 1268-9

F 13861

13861

HEALTH DEPARTMENT—CITY OF BALTIMORE

93-c

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3706 Glenmore Ave. St., 27 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ellen Engler

(a) Residence: No. 3706 Glenmore Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John J. Engler

6. DATE OF BIRTH (month, day, year) April 11, 1851

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	84	2	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER FATHER

13. NAME Preston Waskey

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Elizabeth McClure

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Mabel Eken

(Address) 3706 Glenmore Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Pk. Cem. Date June 26 19 35

19. UNDERTAKER Frederick Lauchheimer & Son

(Address) 7401 Belair Road

20. FILED JUN 28 1935 Huntington Phillips Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 , 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12 , 1935 to June 24 , 1935

I last saw h alive on June 21 , 1935 Death is said to have occurred on the date stated above, at 3:10 m. A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6 mo

Other contributory causes of importance:

Myocardial insufficiency	1 day

Name of operation ..... Date of .....

What test confirmed diagnosis ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... , 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Edward [illegible] M. D.

(Address) 1 E. Chase

H. D. B. 1268-9

13862 ✓ F 13862

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

152

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 7 mos. 10 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George T. Barrett.

(a) Residence: No. 1116 S. Paca St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of ----------

DATE OF BIRTH (month, day, year) November 13, 1912

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fish cleaner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William Barrett.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Anna Zapp.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Anna Barrett. (mother)

(Address) 1116 S. Paca St.

BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Date June 26th 1935

UNDERTAKER E. Sahlender & Son

(Address) 1039 Hanover st

Filed 1935 Huntington Williams Registrar 6/24/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 23, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11.10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis of left arm and hand.	
Septicaemia.	
Accidently stuck little finger of left hand with a fish fin.	

Other contributory causes of importance:

Name of operation Yes. Date of 6/22/35

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/12/35 19

Where did injury occur? 504 Scott st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Place of business.

Manner of Injury Stuck finger with fish fin.

Nature of Injury Cellulitis, Septicaemia.

24. Was disease or injury in any way related to occupation of deceased? Yes. If so, specify

(Signed) Otto H. Reinhard M. D.
Coroner

(Address) 1017 S. Charles st.

M. D. P. 126 F 13863 ✓ F 13863

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH West Baltimore General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Ranger & Lakeland St., 16 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Fagan

(a) Residence: No. 612 N. Bend Rd St., Ward. Balto. Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosie Fagan

7. DATE OF BIRTH (month, day, year) March 21, 1875

8. AGE: Years 60 | Months 3 | Days 8 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Metal Co

11. Date deceased last worked at this occupation (month, day, year) 12-1934 | Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Thomas Fagan

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Catherine Penn

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rosie Fagan

(Address) 612 N Bend Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Wood Chapel Date 6-28 1935

19. UNDERTAKER H. Hagenbuchen & Sons

(Address) Edmondson Ave

20. FILED 6-28-1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 25, 1935

Last saw him alive on June 25, 1935 Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocardial Disease & Congestive Failure	April '35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ackerman, M. D.

(Address) West Balto. Gen'l Hosp.

F 13864

F 13864

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 101 W. Monument St., 11 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. .....ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Ada May Stapleton

If U. S. Veteran—Give war or Spanish War No. 110

(a) Residence: No. 101 W. Monument St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb. 14, 1882

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	53	4	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0048

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 20 yrs

BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Richard E. S. Stapleton

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Soeluder Brown

16. BIRTHPLACE (city or town) (State or country) Balto. Md

INFORMANT Edw. J. Stapleton

(Address) 509 Cresham Ave

BURIAL, CREMATION, OR REMOVAL

Place London Park Date 6/26, 1935

UNDERTAKER Wm. Cook

(Address) 1217 St Paul St

Huntington, Wilmington, N.C.

FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....

I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6/24/35
Other contributory causes of importance:	
Hypertension	1933
Cerebral Hemorrhage	1933

Name of operation none Date of .....

What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If ....

(Signed) Alvin B. Wallace M. D.

(Address) 1031 St Paul St Coroner

M. D. F. 1268-A

F 13865

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13865

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1917 Laurens St., 16 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lloyd Rice

(a) Residence: No. 1917 Laurens St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: W

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 1857

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME: John Rice

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME: Sarah Moore

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Mrs. Lloyd Rice
(Address) 1917 Laurens st

18. BURIAL, CREMATION, OR REMOVAL: Mt Auburn cemetery Date 6/29/35

19. UNDERTAKER: Thomas E. Kelson
(Address) 1302 Freastman st.

20. FILED 1935 Hattie Lee Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/24/35

22. I HEREBY CERTIFY, That I attended deceased from 7/11/34, 19.. to 6/24/35, 19..

I last saw her alive on 6/1/35, 19.. Death is said to have occurred on the date stated above, at 11:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/9/35
Nephritis	

Other contributory causes of importance: Chronic Tuberculosis of Lungs, Progressive

Name of operation: None Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) H. Lee Slat M. D.

(Address) 924 madison ave

H. D. B. 1208-9 F 13866

F 13866

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2340 McCulloh St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6/ yrs. mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Blackwell

(a) Residence: No. 2340 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 17, 1935

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Wallace Blackwell

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Ida Mooney

16. BIRTHPLACE (city or town) (State or country) ~~Va~~ Balto Md

17. INFORMANT Ida Mooney mother

(Address) 2340 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL

Place Date 19

19. UNDERTAKER

(Address)

FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to June 25, 1935

I last saw her alive on June 25, 1935 Death is said to have occurred on the date stated above, at 4:40 P.M.

The principal cause of death and related causes of importance were as follows:

Icterus Neonatorum — Date of onset June 19, 1935

Other contributory causes of importance:

Premature (7½ mos)

Name of operation None Date of

What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

~~Was~~ If so, specify

(Signed) R. H. Young M. D.

(Address) 1420 E. Monument St

F 13867

Spec.—7-17-[illegible] A C

F 13867

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE? (No. 654 Washington Blvd 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME George M. Ernstberger

(a) RESIDENCE NO. 654 Washington Blvd Ward

(Usual place of abode)

(If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Male	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) July 23 1871

7 AGE	Years	Months	Days	IF LESS than 1 day hrs. or min..
63	64	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Watchman 73

(b) General nature of industry, business, or establishment in which employed (or employer) B+O RR 001

(c) Name of employer

9 BIRTHPLACE (city or town) Baltimore

(State or country) Md

PARENTS

10 NAME OF FATHER Michael Ernstberger

11 BIRTHPLACE OF FATHER (City or town)

(State or country) Baltimore Md

12 MAIDEN NAME OF MOTHER Mary Zipprian

13 BIRTHPLACE OF MOTHER (city or town)

(State or country) Germany

14 Informant B+O Relief Dept

(Address) 214 W Camden St

15 Filed NOV 26 1935 19

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 24 1935

17 I HEREBY CERTIFY, That I attended deceased from Sept 29 1933 to June 23 1935 that I last saw h[illegible] alive on June 23 1935 and that death occurred, on the date stated above, at 12 45 A

The CAUSE OF DEATH* was as follows:

Chronic Interstitial Nephritis

(duration) 1 yrs. 9 mos. ds.

CONTRIBUTORY

(Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted

if not at place of death? —

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) John A Shadowsky M. D.

6/24 1935 (Address) 642 Washington Blvd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — Date of Burial: 6/26/ 1935

20 UNDERTAKER: Wm J Tuckner + Sons — ADDRESS: 1110 Pa Ave

M. D. R. 1265 F 13868 ✓ F 13868

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1032 N. Collington ave St., 8 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Nancy Lou Ballard

(a) Residence: No. 1032 N. Collington Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 29, 1935

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Easton
(State or country) Maryland

13. NAME unknown

14. BIRTHPLACE (city or town) Baltimore (?)
(State or country) Maryland

15. MAIDEN NAME Virginia Ballard

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Virginia Ballard
(Address) 1032 N. Collington

18. BURIAL, CREMATION, OR REMOVAL.
Place Wm. Hood Lolley Date June 28, 1935

19. UNDERTAKER ...
(Address) ...

20. FILED 28 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to June 25, 1935
I last saw her alive on June 25, 1935. Death is said to have occurred on the date stated above, at 11 3/4 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature Birth	
Other contributory causes of importance: Malnutrition	one month

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) J. Karl Grossman, M. D.

(Address) 2203 E. Preston St.

M. D. B. 1264 F 13869

F 13869

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Jewish Hospital St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Baby Boy Schwartz.

(a) Residence: No. 1933 E. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	S.

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) June 24 1935

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
—	—	-1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Abraham Schwartz.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Elizabeth Kelly

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Elizabeth Kelly

(Address) 1933 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Moriah Cemetery Date June 25, 1935

19. UNDERTAKER

(Address)

FILED 26 1935 19 [illegible] Registrar.

1304

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935 to June 25, 1935

I last saw h[illegible] alive on June 25, 1935 Death is said to have occurred on the date stated above, at 1:30 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity.	6/25/35

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Albert J. Hemelfarb M. D.

(Address) Jewish Hospital

M. D. B. 1268-5 F 13870 Cheicis ✓ F 13870

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore Hospital St., 25 Ward)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jacob Cheicis

(a) Residence: No. 4112 Pennington Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Elizabeth Cheicis

7. DATE OF BIRTH (month, day, year) 1875

8. AGE: Years 60 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Eastern Europe

13. NAME Jacob Cheis

14. BIRTHPLACE (city or town) (State or country) Europe

15. MAIDEN NAME Barbara Ropis

16. BIRTHPLACE (city or town) (State or country) Europe

17. INFORMANT Elizabeth Cheicis

(Address) 4112 Pennington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Cem. Co. Date June 27 1935

19. UNDERTAKER John Grefenstette

(Address) 423 S. Paca St

20. FILED JUN 26 1935 Clerk for Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1935, to June 24, 1935

I last saw him alive on June 24, 1935. Death is said to have occurred on the date stated above, at 2 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of oesophagus — Date of onset

Other contributory causes of importance:

Name of operation Gastrostomy Date of 5/35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) William Burke, M. D.

(Address) South Baltimore Hospital

M. D. P. 1263-0 F 13871

F 13871

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Ayers

(a) Residence: No. 1523 Riggs Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Walter Ayers

7. DATE OF BIRTH (month, day, year) 1909

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Buckingham Va

13. NAME OF FATHER Joseph Bookes

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME OF MOTHER Celia Booker

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Walter Ayers

(Address) 1523 Riggs ave

18. BURIAL, CREMATION, OR REMOVAL

Place Buckingham Va Date 6/26 35 19

19. UNDERTAKER Wm A. Carson

(Address) 940 Penna ave

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 1931

22. I HEREBY CERTIFY, That I attended deceased from June 17 1931 to June 24 1931

I last saw her alive on June 24 1931 Death is said to have occurred on the date stated above, at 6.25 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6/17/31
Pneumococcic Meningitis	6/24/31

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clin Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) Hugh B. McNally M. D.

(Address) University Hospital

Spec.—9-30—A 4m Co 125 F 13872 ✓ F 13872

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-c

REGISTERED NO.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 604 Stump St. 27 WARD)

2-FULL NAME Annie Gates Wilson

(a) RESIDENCE NO. 604 Stump St. WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F-c	Col	Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Harrison Gates

6 DATE OF BIRTH (month, day, and year) 1870

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	?	?	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework 0037

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Eastern Shore Md.

10 NAME OF FATHER John Sullivan

11 BIRTHPLACE OF FATHER (city or town) (State or country) Eastern Shore, Md.

12 MAIDEN NAME OF MOTHER Elizabeth Williams

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Eastern Shore, Md

14 Informant Mary Thomas (Address) 709 Fulton St

15 Filed ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 23/35

17

I HEREBY CERTIFY, That I attended deceased from May 30, 1935, to June 23, 1935 that I last saw h/r alive on June 23, 1935 and that death occurred, on the date stated above, at 9.38 P. m.

The CAUSE OF DEATH* was as follows:

1 Myocarditis

(duration) ? yrs. ? mos. ? ds.

CONTRIBUTORY (Secondary) Cardiac Asthma

(duration) yrs. 3 mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis?

(Signed) D. T. Lamar M. D.

6/26, 1935 (Address) 109 W. Hill St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn cem

DATE OF BURIAL 6/26 1935

20 UNDERTAKER Wm. A. Jackson ADDRESS 916 Penna Ave

1035

F 13873

F 13873

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward 14)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Dixon.

(a) Residence: No. 1919 Etting St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Effie

7. DATE OF BIRTH (month, day, year) Jan 22, 1855

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80 ~~55~~	5	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 5086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME William Denny

14. BIRTHPLACE (city or town) (State or country) Md!

15. MAIDEN NAME Sarah ?

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records Bc. H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date June 26th 1935

19. UNDERTAKER Archibald R. Hughes

(Address) 2343 McCulloh St.

JUN 26 1935

19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/24 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/22 1935 to 6/24 1935

I last saw him alive on 6/24 1935. Death is said to have occurred on the date stated above, at 5-22 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency & congestive failure	?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Tobias Weinberg. M. D.

(Address) Balto. City Hospitals

M. D. B. 1268 F 13874 ✓ F 13874

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 N. Vincent St., 16 Ward)

Length of residence in city or town where death occurred ....yrs. 13 mos. 21 ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Herman Knight Jr.

(a) Residence: No. 818 N. Vincent St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 31-1934

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	1	1	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Herman Knight Sr.

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Edna Johnson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Edna Knight

(Address) 818 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date June 26th 1935

19. UNDERTAKER Archibald A. Gaddes

(Address) 2101 McCulloh St.

20. FILED ..... 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21 1935 to June 24 1935 I last saw him alive on June 24 1935 Death is said to have occurred on the date stated above, at 7 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchio Pneumonia	6/20/35

Other contributory causes of importance:

acute Bronchitis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. H. Pistel M. D.

(Address) 1536 W. Lafayette St

M. D. R. 1268-B

F 13875

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13875

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1013 Haverhill Rd St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Johanna Selzle

(a) Residence: No. 1013 Haverhill Rd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Victor Selzle

6. DATE OF BIRTH (month, day, year) 4-20 1854

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
81	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mary V. Selzle
(Address) 2310 Aberfeldy

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 27, 1925

19. UNDERTAKER Vernon Lechner
(Address) 2301 Edmondson Ave. Huntington Apartments

6 1925 FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21, 1925

22. I HEREBY CERTIFY, That I attended deceased from General Pneu 19... to 6-25-25 19...

I last saw her alive on 6-24 1925. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance:	
Chronic Cardiovascular Conditions	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) H. K. Sprague, M. D.

(Address) 1158 Saratoga St

13876 E 13876

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 34-B-92-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp No Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Ray Hill.
(a) Residence: No. Hamilton, Ohio St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) 12/25/01

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
33.	5	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8023
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ohio.
13. NAME Robert A Reste.
14. BIRTHPLACE (city or town) (State or country) La.
15. MAIDEN NAME Lucy Lindly Jordan
16. BIRTHPLACE (city or town) (State or country) La.
17. INFORMANT Records B.C.H.
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Locust Hill Date 6/26 1935
19. UNDERTAKER J. J. Fahey & Son
(Address) 1318 Light St.

20. FILED JUN 26 1935 Huntington Williams Agt. BHL

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8/14, 1934 to 6/23, 1935
I last saw him alive on 6/23, 1935 Death is said to have occurred on the date stated above, at 3 58 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aneurysm Aorta	18 mos +
Aortic insufficiency Syphilitic	18 mos +

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reste M. D.
(Address) Balto City Hosp.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3877 — 13877 — 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1403 Poplar Grove St.) (6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Audrey Dienhart

(a) Residence: No. 1403 Poplar Grove St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Julius R Dienhart

6. DATE OF BIRTH (month, day, year): Nov 13 - 1904

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	30	7	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

13. NAME: James P. Barber

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Mary L Speddon

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Julius Dienhart
(Address): 1403 Poplar Grove

18. BURIAL, CREMATION, OR REMOVAL
Place: Western Cem Date: June 27 1935

19. UNDERTAKER: John Wenick
(Address): 1200 Orleans St

20. FILED ... 19 ... Registrar

JUN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1934 to June 24, 1935

I last saw h... alive on June 24, 1935. Death is said to have occurred on the date stated above, at 9:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure —	June 24, 1935
Chronic myocarditis	April 1935
*Chronic Diarrhoea —	Jan 1926
Other contributory causes of importance:	
2nd anemia — Sprastic colon	Jan 1935

Was an operation performed? — Date of ...

For what disease or injury? —

Name of operation ... Date of ...

What test confirmed diagnosis? X-Ray Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) Louis F. Krumeich M. D.

(Address) 722 No. Kenwood Ave

*Stools always negative - Blood test all negative

HEALTH DEPARTMENT—CITY OF BALTIMORE

13878 13878

CERTIFICATE OF DEATH

92-W Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 339 S East ave St., 76 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR none

2. FULL NAME Minnie Oliver

(a) Residence: No. 339 S East ave St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Colombus Oliver

7. DATE OF BIRTH (month, day, year) May 30-1857

7. AGE: Years 67 | Months — | Days 27 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Rosenhaus

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Colombus Oliver

(Address) 339 S East ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Cem. Date June 28 1930

19. UNDERTAKER John Wenck

(Address) 200 S Arlington ave

FILED JUN 26 1930 Huntington Wenck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1930

22. I HEREBY CERTIFY, That I attended deceased from June 5 1930, to June 24 1930. That I last saw h alive on June 24 1930. Death is said to have occurred on the date stated above, at 6 2/2 a.m.

The principal cause of death and related causes of importance were as follows:

Uremia and Nephritis — Date of onset

Other contributory causes of importance: Arteriosclerosis

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Huntington Wenck M. D.

(Address) 301 S Arlington

M. D. P. 1265-9

F 13879

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13879

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2031 E. Lombard St. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Doliwa

(a) Residence: No. 2031 E. Lombard St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Stanislaw Doliwa

6. DATE OF BIRTH (month, day, year) Unk.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME John Kalicki

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Unk

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. Kwiatkowski (Daughter

(Address) 2031 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 28. 1935

19. UNDERTAKER T. W. Ozarowski

(Address) 1930 Eastern Ave.

20. FILED JUN 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 19

22. I HEREBY CERTIFY, That I attended deceased from June 18 19 35 to June 20 19 35

I last saw h alive on June 20 19 35 Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arterio-sclerosis	1 yr
Chr. Myocarditis	1 yr

Other contributory causes of importance:

Myocardial Insuff.	2 days

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Brad Slaughter M. D.

(Address) 7004 E. Baltimore

8. Cerebral M. J.

M. D. B. 1268-M

F 13880

F 13880

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 210 M

Registered No. .....

1. PLACE OF DEATH: St Agnes Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles G. Seifert

(a) Residence: No. American Ave Landsdowne Md Ward: .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed or divorced HUSBAND (or) WIFE Bertrand Seifert

DATE OF BIRTH (month, day, and year) Apr 23-1904

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	31	2	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation c

BIRTHPLACE (City or town) (State or country) Baltimore Md

13. NAME OF FATHER George J. Seifert

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Rose H. Heilman

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

INFORMANT Rose H. Seifert American Ave, Landsdowne Md

BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 26, 1935

UNDERTAKER John F. Heaney

(Address) 745 Light St

FILED JUN 26 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/23/35

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ... to ..... 19 .....

I last saw him alive on 6/23 1935. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation None Date of c

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 6/23 1935.

Where did injury occur? Highway (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Struck at wheel of car and down steep embankment

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Frederick Harley Automobile Co. (Address) Taylor & Park Ave

M. D. P. 1268-9 F 13881

F 13881

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 82a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1247 James, Lipe St., 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George S. Parley

(a) Residence: No. 1247 James St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Kate E. Parley

6. DATE OF BIRTH (month, day, year) April 22 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	2	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1062

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Micheal Parley

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME Susan Switzer

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT (Address) Mrs Bertha M Jenkins 1247 James st

18. BURIAL, CREMATION, OR REMOVAL. Place Cedar Hill Date June 27, 1935

19. UNDERTAKER (Address) John F Lemmy 715 Light St

20. FILED June 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to June 24, 1935

I last saw him alive on June 24 1935 Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Other contributory causes of importance: Cerebral Hemorrhage	6/24/35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. A. Buchmeier M. D.

(Address) 37 S. Strieker St.

M. D. F. 1935 F 13882

F 13882

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1408 Fleet St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U. S. If of foreign birth? 28 yrs. mos. da.

2. FULL NAME Kazimierz Mroziński

(a) Residence: No. 2408 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Pauline Mroziński

6. DATE OF BIRTH (month, day, year): April 2, 1879

7. AGE: Years 56; Months 2; Days ?; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Talker 6040

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Penna. R. R.

10. Date deceased last worked at this occupation (month and year): April 15, 1935

11. Total time (years) spent in this occupation: 18 yrs.

12. BIRTHPLACE (city or town) (State or country): Poland

FATHER

13. NAME: Antoni Mroziński

14. BIRTHPLACE (city or town) (State or country): Poland

MOTHER

15. MAIDEN NAME: Victoria Jelski

16. BIRTHPLACE (city or town) (State or country): Poland

17. INFORMANT: Mrs. Pauline Mroziński

(Address) 2408 Fleet St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date June 27, 1935

19. UNDERTAKER John J. Weber

(Address) 401 S. Chester St.

20. FILED 6 JUN 25 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to June 23, 1935

I last saw h[illegible] alive on June 21 3 1935 Death is said to have occurred on the date stated above, at 1135 P m.

The principal cause of death and related causes of importance were as follows:

Gastric carcinoma c metastases, chronic myocarditis c decompensation — Date of onset: 6 mo(s) / 1 mo.

Other contributory causes of importance:

Pulmonary edema — 2 days

Name of operation — Date of —

What test confirmed diagnosis: Clinical, X Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) 3034 E. Baltimore St.

M. D. B. 1269-0

E 13883

HEALTH DEPARTMENT—CITY OF BALTIMORE

13883 ✓ 154

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., W. Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Ambler Pittsville Md

(a) Residence: No. University Hospital St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W.	S

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-22-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. & min.
			1 hr. & 18 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Robert Ambler

14. BIRTHPLACE (city or town) (State or country) Yukon Pa.

15. MAIDEN NAME Mary Cross

16. BIRTHPLACE (city or town) (State or country) Baynesville Md.

17. INFORMANT Mrs. Mary Ambler
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date removal June 26, 19 35

19. UNDERTAKER [illegible]
(Address)

FILED 6.1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1935 to 6-22, 1935

I last saw him alive on 6-22, 1935 Death is said to have occurred on the date stated above, at 1.30 A.m.

The principal cause of death and related causes of importance were as follows:

Spontaneous Abortion — Date of onset 6-22-35

Other contributory causes of importance:

Maternal Syphilis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) E. Bryant Jr. M. D.

(Address) University Hospital

F 13884

3884

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. ....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ....

2. FULL NAME George Kolnner

(a) Residence: No. 1946 Sponsor St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 2/17/?

7. AGE: Years 61; Months 4; Days 1; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

13. NAME Frantz.

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME Hannah ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal Cem'd Date June 21, 1935

19. UNDERTAKER

(Address)

6/28 1935

1506

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1932 to 6/18, 1935

I last saw him alive on 6/18, 1935 Death is said to have occurred on the date stated above, at 8:53 p. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Date of onset ?

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Cuto, M. D.

(Address) Balto. City Hosp.

13885 F 13885

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 349-24

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 22 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Williams Cohens

(a) Residence: No. 1119 Carson Court, Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ?

7. DATE OF BIRTH (month, day, year) 1888 (?)

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
47 (?)			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. odd jobs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia. ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Records Balt.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date Jan 24, 1935

19. UNDERTAKER .....
(Address) Huntington Funeral Home

20. FILED JAN 24 1935 Registrar

1567

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/18, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13, 1935 to 6/18, 1935

I last saw him alive on 6/18, 1935. Death is said to have occurred on the date stated above, at 3 15 a.m.

The principal cause of death and related causes of importance were as follows:

	Duration
Meningitis, tuberculous	10 days
Lobar pneumonia	2 days

Other contributory causes of importance:

Rupture Diseases. Made into pulmonary artery

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

E 13886

13886

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

129

Registered No.

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Arthur White

(a) Residence: No. 893 Pitt St., Pitts Court Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Minnie White

7. DATE OF BIRTH (month, day, year)

8. AGE: Years 49; Months; Days; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): North Carolina

13. NAME: Thomas White

14. BIRTHPLACE (city or town) (State or country): N. C.

15. MAIDEN NAME: Maude Young

16. BIRTHPLACE (city or town) (State or country): N C

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL: Place Univ of Md Date Jun 21 1935

19. UNDERTAKER (Address): Huntington Williams

Registrar

6 1935

1508 K

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to June 19, 1935

I last saw him alive on June 19, 1935 Death is said to have occurred on the date stated above, at 3:20 P.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis General — Date of onset 6/17/35

Pneumonia Lobaris

Other contributory causes of importance:

Was an operation performed? Yes Date of 6/18/35

For what disease or injury? Peritonitis

Name of operation Laparotomy Date 6/18/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Samuel H Gant M. D.

(Address) Balto City Hospital

13887 F 13887

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St. 22 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Hardman — If U. S. Veteran specify WAR .....

(a) Residence: No. 705 Sharp st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Oct. 1905

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
29			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0005
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland
13. NAME John H. Hardman
14. BIRTHPLACE (city or town) (State or country) Maryland
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT Hospital Records (Address)
18. BURIAL, CREMATION, OR REMOVAL Place University of Md Date June 24, 1935
19. UNDERTAKER [illegible] (Address)
FILED JUN 25 1935 [illegible] Registrar.
1549 M

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 19, 1935
22. I HEREBY CERTIFY, That I attended deceased from November 6, 1934 to June 19, 1935
I last saw him alive on June 19, 1935. Death is said to have occurred on the date stated above, at 9 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	Oct. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kantgen, M. D.
(Address) Baltimore City Hospital

F 13888

13888

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Frank Carter

(a) Residence: No. 8 N. Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Carter

6. DATE OF BIRTH (month, day, year) Dec. 24, 1892

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
42	5	26 ?7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 1040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME Charles Carter

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Hattie ??

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 26. 1935

19. UNDERTAKER .....
(Address)

Filed ..... 19..... Registrar.

C 1935

1510 B

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 21 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 . 1935 to June 21 . 1935

I last saw him alive on June 21 . 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospital

13889 F 13889

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Alexander Reilly

(a) Residence: No. 3454 Seneca St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie.

7. DATE OF BIRTH (month, day, year) 8/1/81.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53.	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

13. NAME Alex. Reilly.

14. BIRTHPLACE (city or town) (State or country) md.

15. MAIDEN NAME Louise Trench.

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Records B.H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Date June 26 1935

Place Mayo Hampden

19. UNDERTAKER Thomas J. Flynn & Sons

(Address) 3665-11 Eastern Ave

6 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25. 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/11, 1935 to 6/25, 1935

I last saw him alive on 6/25, 1935 Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic heart disease	8 yrs.
c myocardial insufficiency	

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 13890

13890

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 124-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSPITAL Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN HALLER. HALLER

(a) Residence: No. 502 W FAYETTE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret Haller

7. DATE OF BIRTH (month, day, year) Feb 4, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. The Hub

10. Date deceased last worked at this occupation (month, year) 1918

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME Wendell Haller

14. BIRTHPLACE (city or town) (State or country) Pa

15. MAIDEN NAME Aggie Gunther

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Margaret Haller

(Address) 502 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date June 28 1935

19. UNDERTAKER Mrs. Mrs. John N. Rupel & Son

(Address) 501 W. Fayette St.

FILED 6 1935 ..., 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-19 . 1935, to 6-26 . 1935

I last saw him alive on 6-24 . 1935. Death is said to have occurred on the date stated above, at 3:10 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
HYPERTENSIVE CARDIOVASCULAR DISEASE.	
CONGESTIVE HEART FAILURE	2 WKS
Other contributory causes of importance:	
CIRRHOSIS of the LIVER.	?

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Peter M Farr . M. D.

(Address) University Hospital

M. D. B. 1269-9

F 13891

13891

HEALTH DEPARTMENT—CITY OF BALTIMORE

297421

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mossa Blake

(a) Residence: No. 524 N. Central Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/27/13

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
22	21		22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

13. NAME Major ?

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Ward School Date June 26, 1935

19. UNDERTAKER
(Address)

19 Registrar

FILED JUN 26 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June-19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mch-28, 1935, to June-19, 1935

I last saw him alive on June-19, 1935 Death is said to have occurred on the date stated above, at 6:45 A. M.

The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, bilateral. — Date of onset 1934

Other contributory causes of importance:

Tuberculosis, renal Sacro iliac joint. — 1933

Name of operation Fusion of Sacro iliac joint of 1934

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was illness or injury in any way related to occupation of deceased?

No If so, specify

(Signed) W. B. Shaw, M. D.

(Address) Johns Hopkins Hospital.

M. D. F. 1265-9

F 13892

13892 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Wells

(a) Residence: No. 1506 Baker St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): 6/24/35

7. AGE: Years | Months | Days | If LESS than 1 day 3 hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

FATHER

13. NAME: Eugene Wells

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mamie Cornish

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date June 26, 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar.

1513

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935 to June 24, 1935

I last saw her alive on June 24, 1935 Death is said to have occurred on the date stated above, at 12:05 pm.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) John Hopkins Hospital

M. D. B. 3268-9

13893

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13893

✓ 108

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1132 Harney St., 2 (Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank Turner

(a) Residence: No. 1132 Harney St Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Emaline Turner

6. DATE OF BIRTH (month, day, year)

7. AGE: 54 (Years | Months | Days | If LESS than 1 day, hrs. or min.)

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

MOTHER

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME:
16. BIRTHPLACE (city or town) (State or country):

FATHER

17. INFORMANT: Raymond Turner
(Address): 1132 Harney St

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt. Auburn Date: June 25 1935

19. UNDERTAKER: Chas. H. Butler
(Address): 1430 W. Baltimore St

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/25/1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 1935 to June 25 1935
I last saw h... alive on June 25 1935 Death is said to have occurred on the date stated above, at 105 m. AM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Uremia	

Other contributory causes of importance:

Name of operation: Physical Means Date of

What test confirmed diagnosis:

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:

(Signed) H G Stonebraker M. D.
(Address) 5010 Hamburg St

F 13894

M. D. P. 1268-9

F 13894

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6110 Bellona Ave St., 27 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alan Percy Gunn

(a) Residence: No. 6110 Bellona ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~ (write the word): Married

6a. If married, ~~widowed~~ or ~~divorced~~ HUSBAND of (~~Name of wife~~) May E. Gunn

6. DATE OF BIRTH (month, day, year) January 28th ?

7. AGE: Years 76; Months 3; Days 26; If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Phila Pa

13. NAME OF FATHER John Alan Gunn M.D.

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Sara Odell Wright

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) May Elizabeth Gunn 6110 Bellona Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Cem Date June 27th 1935

19. UNDERTAKER (Address) Henry Jenkins Sons Co Belvedere & Cold Spring

20. FILED JUN 28 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 16 1935 to June 24 - 1935

I last saw h[illegible] alive on June 23 1935. Death is said to have occurred on the date stated above, at 3 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Stomach	1 year

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Noces M. D.

(Address) 5900 York Rd

M. D. B. 1268-9

✓ F 13895

13895 HEALTH DEPARTMENT—CITY OF BALTIMORE

59

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 McCulloh St., 18th Ward)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm J. Simmons

(a) Residence: No. 1725 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND of (~~or WIFE~~ of) Jennie Simmons

6. DATE OF BIRTH (month, day, year) March 6, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	3	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butler

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) (State or country) Charlotte S C.

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Charlotte S C.

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) S C.

17. INFORMANT Jennie Simmons
(Address) 1725 McCulloh St

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cem Date 6/27/ 1935

19. UNDERTAKER Francis A Hemsley
(Address) 578 W. Biddle St.

20. FILED ~~JUN 26 1935~~ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 24, 1935

I last saw h alive on June 24, 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	Probably 2 yrs
& Coma	

Other contributory causes of importance:

Chronic Nephritis	2 yrs
Hypertension	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) R. F. Young M. D.

(Address) 1422 Hanover St

M. D. B. 1268-B

✓ F 13896

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13896

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Mt. Hope Retreat St., 28 Ward)

Length of residence in city or town where death occurred 70 yrs. 1 mos. 23 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Slater No War Service

(a) Residence: No. Mount Hope Retreat St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) May 3—1864

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
71	70	1	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER Jas. Slater

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME OF MOTHER Annie Fitzgibbons

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mt. Hope Records
(Address) Mt. Hope Retreat

18. BURIAL, CREMATION, OR REMOVAL
Place Mem Cathedral Cem Date June 27 '35

19. UNDERTAKER Stewart & Mowen Co
(Address) 108 W. North Ave

Huntington Williams M.D.
Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1935 to June 26, 1935.

I last saw her alive on June 26, 1935 Death is said to have occurred on the date stated above, at 3:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis with hypertension	1 mo.
General anasarca	1 mo.
Other contributory causes of importance:	
Arteriosclerosis	?

Name of operation None Date of

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so specify

(Signed) Duncan F. Thompson M. D.

(Address) 332 Fidelity Bldg

13897 ✓ Z. 13897

HEALTH DEPARTMENT—CITY OF BALTIMORE

23

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.
If U. S. Veteran specify WAR .....

2. FULL NAME Patrick McNally

(a) Residence: No. 109 N. Aisquith st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 27, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68		28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) New York
13. NAME John McNally
14. BIRTHPLACE (city or town) (State or country) New York
15. MAIDEN NAME Susan McGuire
16. BIRTHPLACE (city or town) (State or country) Scotland
17. INFORMANT Hospital Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mount Olivet Date 6/26 35
19. UNDERTAKER J. J. Foley & Son
(Address) 1318 Light St
FILED JUN 25 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935
22. I HEREBY CERTIFY, That I attended deceased from April 19, 1935, to June 25, 1935
I last saw him alive on June 25, 1935. Death is said to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	8 yrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Meyer W. Jacobson, M. D.
(Address) Baltimore City Hospital

X. D. B. 1269-9

✓ F 13898

13898

HEALTH DEPARTMENT—CITY OF BALTIMORE

186-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 25 Ward)

Length of residence in city or town where death occurred 45 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 43 yrs. ... mos. ... ds.

2. FULL NAME Petronella Kiseydash

(a) Residence: No. 3818 Lee St. East Brooklyn (Wagner's Point) St. ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widowed

If married, widowed, or divorced WIFE of HUSBAND of: Thomas Kiseydash

DATE OF BIRTH (month, day, year): Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about	70	—		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: formerly housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Bishya German Poland. (Unterm Foraweez)

13. NAME

14. BIRTHPLACE (city or town) (State or country): Unknown Poland

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Poland.

INFORMANT: Vincent Foraweez

(Address) 3709 Lee St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Cross AA Co. Date June 27 1935

UNDERTAKER Wm S. Fralkowski

(Address) 2007 Eastern Ave

FILED 1935 Hunter Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h— alive on ..., 19... Death is said to have occurred on the date stated above, at 10.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	June 22

Other contributory causes of importance:

Fracture of Femur	June 10

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 10, 1935

Where did injury occur? Balto Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury fell out of bed

Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify ...

(Signed) Wm Wm Murphy, M. D. Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B. 1258-9

F 13899

F 13899

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Belvedere Hotel St., 11 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Angela Archer

(a) Residence: No. Hotel Belvedere St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~ (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
About	78			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bel Air Harford Co Md

FATHER

13. NAME Henry A Archer

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

MOTHER

15. MAIDEN NAME Mary E Walker

16. BIRTHPLACE (city or town) (State or country) Kent Co Md

17. INFORMANT Mrs. Webster Patterson

(Address) Washington D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date June 28 1935

19. UNDERTAKER Sens Wilkins & Co

(Address) 1500 Ed. Ave - Baltimore Md

Received JUN 27 1935 Burlington Williams Reg. 6.26.35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15 1935 to June 26 1935

I last saw her alive on June 26 1935 Death is said to have occurred on the date stated above, at 1 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteio sclerosis	
Chronic nephritis	3 years
Myocarditis	

Other contributory causes of importance:

Cerebral hemorrhage	11 days

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓ 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) J. Frederick Lentz, M. D.

(Address) Temple Garden Apts

F 13900 ✓ F 13900

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1327 N. Patterson Park Ave Ward)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Benaetta Dobbs

(a) Residence: No. 1327 N. Patterson Park Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~ ~~or Divorced~~ Widowed. (write the word)
Female	White	Widowed

5a. If ~~married~~ widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of William J. Dobbs

6. DATE OF BIRTH (month, day, year) Aug 25th 1853

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	10	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto. Co Md.

MOTHER FATHER

13. NAME Joshua Coe

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

15. MAIDEN NAME Sallie Parlett

16. BIRTHPLACE (city or town) (State or country) Balto Co Md

17. INFORMANT Mrs Warren Jenkins
(Address) 2044 E. Preston St

18. BURIAL, CREMATION, OR REMOVAL
Place Waugh Chapel Date June 28th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E. Fayette St

Huntington Williams, Md

FILED JUN 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to June 25 1935

I last saw h alive on June 24 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular H. Dis & decompensation	
Other contributory causes of importance:	
Arteriosclerosis	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jacob Fisher M. D.

(Address) 1823 N. Wood 28.

M. D. F 12-40 F 13901

F 13901

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1106 Riverside Ave. St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. 4 mos. 21 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

H U. S. Veteran

2. FULL NAME Charles B. Hubbard.

Specify War

(a) Residence: No. 1106 Riverside Ave. St., Ward. 18

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, XXXXXXXXXX HUSBAND of (or XXXXXXX) Annie R. Hubbard.

6. DATE OF BIRTH (month, day, year) February 4, 1869

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	4	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 00.0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Buen Hubbard.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Amanda Hollins.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Annie R. Hubbard, (wife)

(Address) 1106 Riverside Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Date June 27 - 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul st

FILED JUN 27 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10.55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Kinard, M. D. Coroner

(Address) 1017 E. Charles St. 6/25/35

F 13902 ✓ F 13902

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 134 N. Streeper St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ...

2. FULL NAME Barbara Smith

(a) Residence: No. 134 N. Streeper St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married~~, Widowed, ~~Divorced~~ (write the word): Widowed

5a. ~~Married~~ Widowed, ~~Divorced~~: George Smith

6. DATE OF BIRTH (month, day, year): Nov 26th 1857

7. AGE: Years 77 | Months 6 | Days 29 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home 03

10. Date deceased last worked this occupation (month & year): June 1935

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: George Kaiser

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Katherine Geiger

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Margaret Medcus 2229 W. Balto St

18. BURIAL, CREMATION, OR REMOVAL: Place Schwartz's Date June 28th 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

20. FILED: JUN 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25th 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-21-35 to 6-25-35

I last saw her alive on 6-21-35 Death is said to have occurred on the date stated above, at 5:45 p.m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Duration 4 yrs

Endocarditis — Duration 4 yrs

Coronary Disease — Duration 4 yrs

Other contributory causes of importance:

Acute Cardiac Dilatation — Duration 10 days

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date ...

What test confirmed diagnosis? Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... M. D.

(Address) 806 Walbrook Bldg

F 13903 ✓ F 13903

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Avenue St. Ward 9)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mary Berry

(a) Residence: No. 3618 Kimble Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Raymond L Berry

6. DATE OF BIRTH (month, day, year) July 29th 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	45	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Grady

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Fallen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date June 29th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

FILED JUN 27 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22 1935 to 6-26 1935

I last saw her alive on 6-26 1935. Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Colon	
Other contributory causes of importance: Acute cardiac failure	

Was an operation performed? yes Date of 6-22-35

For what disease or injury? Carcinoma colon + ANASTOMOSIS

Name of operation Resection + anastomosis Date of 6-22-35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Philip A. Dooley, M. D.

(Address) Md Gen. Hosp.

M. D. P. 1068-9

F 13904

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13904

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2211 Rogers Av St., 27 Ward)

(Home 2 yrs 7 mos 6 days. Life)

Length of residence in city or town where death occurred ..... How long in U. S. If of foreign birth? ....yrs. ....mos. ....da.

2. FULL NAME Charles Amos

(a) Residence: No. 2211 Rogers av St., ... Ward. 18

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Name of wife not known

6. DATE OF BIRTH (month, day, year) Aug 6, 1846

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	88	10	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Wks

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Frederick Amos

14. BIRTHPLACE (city or town) (State or country) Balto. Md

15. MAIDEN NAME Lucian Kinkaid

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Ella Dudley

(Address) 2211 Rogers Av

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date June 27th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25. 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Myocarditis	?

Other contributory causes of importance:

Name of operation ..... Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas W. Didenhover M. D. Coroner

(Address) Coroner's

CHARLES W. DIDENHOVER, MD.

M. D. F 1200-9 F 13905

F 13905

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH 768 Granby ave, St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred yrs. 30 mos. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Henry W. Parrott

(a) Residence: No. 768 Granby St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of deceased.

7. DATE OF BIRTH (month, day, year) Dec 15 1853.

AGE: Years 81 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Silk mill worker 60 yrs

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plaza Hotel 50 yrs

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Easton Talbot Co. Md.

13. NAME Thomas H. Parrott

14. BIRTHPLACE (city or town) (State or country) Easton Md

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs Lue Sharpsaw, dau.

(Address) 768 Granby ave

18. BURIAL, CREMATION, OR REMOVAL St. Michaels Md. Interment June 28, 1935

Place

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED JUN 27 1935 Wilmington Del

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and the related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. Lapp Coroner, M. D.

(Address) 1215 Hanover

M. D. B 1268 F 13906

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13906

23

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 910-Popular Grove Street 16 Ward)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? 29 yrs. mos. ds.

US-Veteran (NO)

2. FULL NAME Carmelo Votta

(a) Residence: No. 910-Popular Grove Street Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of — - -------

DATE OF BIRTH (month, day, year) About 1884

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 51			xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer RR

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME Charles Votto

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME Josephine (?)

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Dominic Votta

(Address) 910-Popular Grove St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 6/28/35 19

19. UNDERTAKER George J. Kutz Sons

(Address) 1125-Harford Ave.

20. FILED ..... 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2-3, a m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis

Date of onset

Other contributory causes of importance:

Poor condition,

Name of operation None Date of

What test confirmed diagnosis? Autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) ..... Coroner ..... M. D.

(Address) 1257 Hanover St

M. D. F. 1265

F 13907

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13907

CERTIFICATE OF DEATH

93-6

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3918 Ridgewood Ave. St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Robert Dunlop

(a) Residence: No. 3918 Ridgewood Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence E. Dunlop (nee [illegible])

6. DATE OF BIRTH (month, day, year) Sept. 13, 1874

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B. & O. R. R. Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa.

FATHER

13. NAME James Dunlop

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Jane McMichael Brodie

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Mrs. Florence E. Dunlop
(Address) 3918 Ridgewood Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 27, 19 35

19. UNDERTAKER Henry A. Lutz
(Address) 4101 Edmondson Ave.

20. FILED JUN 27 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1935 to June 25th, 1935
That I last saw him alive on June 24, 1935 Death is said to have occurred on the date stated above, at 6:30 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Heart Failure	6/25/35
Chr. Myocarditis	?

Other contributory causes of importance:

Pleurisy	6.5.35

Name of operation None Date of

What test confirmed diagnosis Clinical Was autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. B. Fulwerhorst M. D.

(Address) 1901 Eutaw Place

M. D. B. 1268-9

F 13908 Breighner F 13908

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

165

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2932 Riggs ave St., 16 Ward)

CITY OF BALTIMORE: (No. .....

Length of residence in city or town where death occurred 17 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Lillian M. Breighner

(a) Residence: No. 2932 Riggs ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edward Breighner

DATE OF BIRTH (month, day, year) Feb 23 1870

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	4	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina

13. NAME Andrew S. Mason

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Amanda M. White

16. BIRTHPLACE (city or town) (State or country) Northumberland

INFORMANT Charles Rothrock

(Address) 2932 Riggs ave

BURIAL, CREMATION, OR REMOVAL

Place Loudon Pk Date June 26 1933

UNDERTAKER Towell & Byers

(Address) 2224 Edmondson Ave

FILED ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 20 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4-5 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Hanging.	
C	

Other contributory causes of importance: Possible mentality deranged, Pulmonary tuberculosis, Chronic poor health.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

(Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. Mann Coroner M. D.

(Address) 120 E Hamilton

M. D. B. 1208-9

F 13909

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13909

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 540 W. Barre St. (Ward) 27

Registered No. 1930

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Wheatley

(a) Residence: No. 540 W. Barre St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Charles Wheatley

6. DATE OF BIRTH (month, day, year): July 4 1872

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year): May 32

11. Total time (years) spent in this occupation: 37

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Hilda Robb (Address) 540 W. Barre St.

18. BURIAL, CREMATION, OR REMOVAL. Place: Johnson Cty Date: 6/30 1930

19. UNDERTAKER: Walter B. Squire & Sons (Address) 1011 W. Fayette St.

20. FILED: 6/27 1930 Harry Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26 1930

22. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to June 26 1930

I last saw her alive on June 25 1930. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis, cause undetermined	May 32

Other contributory causes of importance: age & patient

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Hunt Jones M. D.

(Address) 611 S. Bucas

M. D. F. 1268-A

F 13910

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13910

157-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louis Corbett

(a) Residence: No. 312 N Ann St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/20/35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	5 Weeks	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Roger Corbett

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Elizabeth Gloster

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Am Date June 27th 1935

19. UNDERTAKER M. & P. H. A. Eutaw-Haughton

(Address) 1129 Harlem St.

20. FILED JUN 27 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to June 25, 1935

I last saw him alive on June 23, 1935 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia broncho - primary	1 day

Other contributory causes of importance:

Malnutrition

Congenital heart disease

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards M. D.

(Address) J. H. Hospital

M. D. B. 1268-E

F 13911

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 77-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Shirley Hill

(a) Residence: No. 1037 N. Hilton St. Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): 7/10/32

7. AGE: Years 2 | Months 11 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md -

FATHER

13. NAME: Harry Hill

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Hazel Brown

16. BIRTHPLACE (city or town) (State or country): Md -

17. INFORMANT: Friends -

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Cem Date June 27th 1935

19. UNDERTAKER: Mrs. Ada A. Elliott - Daughter

(Address) 1129 Caroline St.

JUN 27 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935 to June 25, 1935. I last saw h[illegible] alive on June 25, 1935. Death is said to have occurred on the date stated above, at 5:15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis due to chronic lead poisoning	6-10-35
	over

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Francis Peckham, M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

F 13912

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Levindale Hebrew Home for Aged (Ward) 27
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence (in city or town where death occurred) 40 yrs. mos. How long in U. S. If of foreign birth 70 yrs. mos. ds.

2. FULL NAME Morris Handmaker

(a) Residence: No. Belvedere & Greenspring Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced. (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ethel

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia Odessa,

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sig. X Supt.
(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Date 6/26/35
Oakto Hebrew Cem.

19. UNDERTAKER Jos. Levy & Sons
(Address) 1439 E. Baltimore St.

20. FILED Huntington Williams, Asst.

JUL 27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1935, to 6-26, 1935.

I last saw him alive on 6-26, 1935. Death is said to have occurred on the date stated above, at 8.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mastoiditis	6-12-35
Broncho-pneumonia	6-25-35

Other contributory causes of importance:
Chr. Bronchitis

Name of operation Mastoidectomy Date of 6-25-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Kern, M. D.
(Address) Levindale

M. D. B. 1268-B

F 13913

F 13913

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Was in War Service

2. FULL NAME William A. Blake

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Wagender

6. DATE OF BIRTH (month, day, year) Apr. 8th, 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fauquier County Virginia

FATHER

13. NAME Adolphus L. Blake (deceased)

14. BIRTHPLACE (city or town) (State or country) Dudleys, Va.

MOTHER

15. MAIDEN NAME Lucie Yeakley

16. BIRTHPLACE (city or town) (State or country) Fauquier County, Virginia

17. INFORMANT Himself
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Richmond Va. Date June 27 1935

19. UNDERTAKER John C. Miller
(Address) 2435 Q. Street

27 1935 19 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1931 to June 26th 1935

I last saw him alive on June 26th 1935 Death is said to have occurred on the date stated above, at 4.22 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	7-10-30

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) John D. Ambrey M. D.

(Address) 606 Amerlie Rd

F 13914

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13914

CERTIFICATE OF DEATH

11-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE. (No. 816 Hampden St., 13 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Jas Luther Johnson

(a) Residence: No. 816 Hampden St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Adele Johnson

6. DATE OF BIRTH (month, day, year) Mar 17 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Huckster 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME James Johnson

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Adele Johnson

(Address) 816 Hampson St

18. BURIAL, CREMATION, OR REMOVAL

Place National Cemetery Date 6/28 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Pennsylvania Ave

20. FILED ..... 19..... Huntington Williams Registrar.

27 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 35 to June 25 35

I last saw h alive on June 25 1935. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stock thrombosis. Ts	6/1/35
	6/18/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. G. Hafeker M. D.

M.D. (Address) 1303 Penn Ave

M. D. B 1268-9

F 13915

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13915

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2700 Dillon St., 1 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret Meyers

(a) Residence: No. 2700 Dillon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of none

7. DATE OF BIRTH (month, day, year) June 25 1935

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			1 - 1 hr	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none - died

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. prematture infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 2700 Dillon St. Baltimore Md

13. NAME Henry Meyers

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Margaret Kordonska

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Margaret K Meyers

(Address) 2700 Dillon St

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date 6/27 1935

19. UNDERTAKER John F Smith

(Address) 20 Bethany Lane Huntington Pikesville

6/27 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	
Cohort 28th week of pregnancy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether Injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) M. Wright M. D.

(Address) 1010 S. Ellwood Ave. Coroner

M. D. R 1268-9

F 13916

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13916

94-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. In Front of 707 S. Regester St. Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Michael Reese

(a) Residence: No. 707 S. Regester Street St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~XXXXXX~~ Frances Reese

6. DATE OF BIRTH (month, day, year) Feb, 15th/1892

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer of 30

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School Board

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Reese

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Kate Fostenbaugh

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Frances Reese
(Address) 707 S. Regester Street

18. BURIAL, CREMATION, OR REMOVAL
Place ST. STANISLAUS Date June 29th 1935

19. UNDERTAKER George A. Weber
(Address) 705 S. Regester St.

FILED 1935 Huntington Williams, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19..... I last saw h— alive on ..... 19..... Death is said to have occurred on the date stated above, at 2-P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	June 26
Other contributory causes of importance: Angina pectoris	May 1935

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.

(Address) 1010 S. Edmondson Ave.

M. D. B. 1268-9

F 13917

F 13917 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH X 157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marcy Wells

(a) Residence: No. Centreville St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 9-17-34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	9	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ditto

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Louis Wells

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Ella Marshall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Queenstown Md Date 6/27/35

19. UNDERTAKER Frances A Hemsley

(Address) 578 W Fayette St

Huntington Williams, M.D.

27 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935 to June 26, 1935

I last saw her alive on June 26, 1935 Death is said to have occurred on the date stated above, at 6.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydrocephalus	May 1935
Ditto	

Other contributory causes of importance:

Name of operation Exploration Date of 6-25-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Signed: Francis D Schwentker, M. D.

(Address) Johns Hopkins Hospital

F 13918

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13918

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 3 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William B. Thomas

(a) Residence: No. 232 S. Caroline st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Loslyn Thomas

6. DATE OF BIRTH (month, day, year) Aug. 26, 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	47	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Panama

FATHER

13. NAME Wm. B. Thomas

14. BIRTHPLACE (city or town) (State or country) Panama

MOTHER

15. MAIDEN NAME Mary Ann Grant

16. BIRTHPLACE (city or town) (State or country) Panama

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 27 1935

19. UNDERTAKER .....
(Address)

20. FILED JUN 27 1935 .....
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1935 to June 22 1935

I last saw him alive on June 22 1935 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1934.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Baltimore City Hospital

F 13919

13919

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2020 E Lombard St., 2 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Benedict Kissner

(a) Residence: No. 2020 E Lombard St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept 5 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	68	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John B. Kissner

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Apollonia Schmalz

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss. Catherine Kissner

(Address) 2020 E Lombard St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 1, 1935

19. UNDERTAKER Martin F. E. Diffpaul

(Address) 27 S Linn St. Huntington Williams, W. Va.

20. FILED JUL 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to June 26, 1935

I last saw him alive on June 26, 1935. Death is said to have occurred on the date stated above, at 2:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	5/1/35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? urine, blood Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Eugene L. Cesaroni M. D.

(Address) 514 Drury Lane

M. D. B. 1269-9

F 13920

HEALTH DEPARTMENT—CITY OF BALTIMORE

13920

CERTIFICATE OF DEATH

82-61

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 McCulloh St., 11 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Thomas Carey

(a) Residence: No. 1108 McCulloh St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Fannie Carey

6. DATE OF BIRTH (month, day, year) Dec 11 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. ok

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

MOTHER FATHER

13. NAME Thomas Carey

14. BIRTHPLACE (city or town) (State or country) Va

15. MAIDEN NAME Chaney Carey

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT John Carey
(Address) Barryton Ky

18. BURIAL, CREMATION, OR REMOVAL
Place Johnson Cem Date June 1935

19. UNDERTAKER Adolphus Hall & Richard Hillcoat
(Address) 1918 Madison Ave

FILED JUN 27 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1935, to June 26, 1935

I last saw him alive on June 26 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1 1935
(Hypertension)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Required Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Geo L. Adler Coroner, M. D.

(Address) 607 Augusta

13921 F 13921

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2208 Lynnbrook Ave., 13 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Abraham Reightler

(a) Residence: No. 2208 Lynnbrook Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Lucy E Reightler

6. DATE OF BIRTH (month, day, year) Oct 7-1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B & O R R Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Shepherdstown W Va

FATHER

13. NAME William A Reightler

14. BIRTHPLACE (city or town) (State or country) Shepherdstown W Va

MOTHER

15. MAIDEN NAME Jennie Martin

16. BIRTHPLACE (city or town) (State or country) Greencastle Pa

17. INFORMANT Mr Lucy E Reightler

(Address) 2208 Lynnbrook Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date June 28 1935

19. UNDERTAKER Hutchinson Funeral Home

(Address) North & Pennsylvania Ave

27 1935 Huntington Williams Notary Public

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from April 21 1935 to June 26 1935

I last saw him alive on June 25 1935. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer (Hypernephroma) right Kidney	Feb 1935

Other contributory causes of importance:

Was an operation performed? Yes Date of May 1, 1935

For what disease or injury? Cancer rt. Kidney

Name of operation Removal of Kidney Date of May 1

What test confirmed diagnosis Microscope Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following.

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Karl F. Benson M. D.

(Address) 5111 York Rd.

F 13922

F 13922

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 4 Ward)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR. .....

2. FULL NAME Mrs Lena L Muir

(a) Residence: No. 1336 Homestead St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or ~~divorced~~ (or WIFE of): William L Muir

6. DATE OF BIRTH (month, day, year): Dec 26 1887

7. AGE: Years 47 | Months 5 | Days 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Peter Jurgenson

14. BIRTHPLACE (city or town) (State or country): Denmark

15. MAIDEN NAME: Barbara Kilbam

16. BIRTHPLACE (city or town) (State or country): [illegible]

17. INFORMANT: Hospital records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: Oak Lawn Date: 6/29/ 1935

19. UNDERTAKER: J A Ingram

(Address): 205 E Baltimore St.

FILED: 27 1935 Huntingtown, Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-26-35

22. I HEREBY CERTIFY, That I attended deceased from 5-17-35 to 6-26-35

I last saw her alive on 6-26-35 Death is said to have occurred on the date stated above, at 1:40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus	

Other contributory causes of importance:

Metastatic carcinoma of pelvic	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

13923 B 13923

13923 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 161-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Gen Hosp St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Baby Boy Schuerholz

(a) Residence: No. Maryland Gen Hosp St., 1734 Homestead St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 25, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, 15 hrs. or 20 min.
		0		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Leroy Vincent Schuerholz

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Gladys Dawson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Gladys Schuerholz

(Address) 1734 Homestead St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date June 28, 1935

19. UNDERTAKER J. Fenton McCauley

(Address) 30 E. Fort Ave

FILED 7 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to June 26, 1935

I last saw him alive on June 26, 1935. Death is said to have occurred on the date stated above, at 11 4/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Atelectasis (Congenital)	6/25/35

Other contributory causes of importance:

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... 19....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) John W Bargaby M.D.

(Address) Maryland General Hosp

M. D. B. 1269-9

13924 F 13924

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 703 E. 21st St. St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Eugene A. Maihl

(a) Residence: No. 703 E. 21st St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clara Hunt Maihl

6. DATE OF BIRTH (month, day, year) June 12 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	0	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lunch counter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. market 5086

10. Date deceased last worked at this occupation (month and year) June 1930

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Maihl

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Sarah Robinson

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Clara Maihl.
(Address) 703 E. 21st St.

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Peter Cem Date 6/29, 35 19

19. UNDERTAKER Thomas Lemmon.
(Address) Fort Lake Heights

27 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 35 to June 26, 35

I last saw him alive on June 26 1935 Death is said to have occurred on the date stated above, at 11.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis	June 30

Other contributory causes of importance:

Cerebral Hemorrhage

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Rudolph M. D.

(Address) 1126 Eutaw Pl

M. D. P. 1203-9

F 13925

13925

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 423 N. Gilmor St., 19 Ward)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Clarke

(a) Residence: No. 423 N. Gilmor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F. M.

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Sept. 27 1921

7. AGE: Years 14 | Months 9 mos | Days 27 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School girl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME: Henry W. Clark

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Alice H. Davis

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Henry W. Davis
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Sy Auburn Date June 27 1935

19. UNDERTAKER: H. G. Holland
(Address) 1231 Druid Hill Ave

27 FILED 1935 Huntington Williams Funeral Dir.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/24, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/20, 1935 to 6/24, 1935

I last saw her alive on June 6, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

Lobular Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury ✓, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) B. N. Hatsfield M. D.

(Address) 1225 Pa Ave

M. D. B 1268-9

F 13926

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13926

CERTIFICATE OF DEATH

210-M

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN THOMAS O'CONNELL

(a) Residence: No. 3216 Piedmont Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Edith Rowe O'Connell

6. DATE OF BIRTH (month, day, year) December 18th, 1903

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Truck Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME John O'Connell

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Rose Mullins

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Edith Rowe O'Connell
(Address) 3216 Piedmont Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Brooklyn N. Y. Date June 30 1935

19. UNDERTAKER Chas. F. Eduse & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED 27 1935 Huntington Williams, C. H. OPEN

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th. 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

I last saw him Dead 6/27 1935 Death is said to have occurred on the date stated above, at 12.15 a. m.

The principal cause of death and related causes of importance were as follows:

Fractured Skull

Date of onset

Other contributory causes of importance:

Name of Tracheotomy Date of 6/26

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 6/27 1935

Where did injury occur? 4 Miles North Kenwood Md
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner Collision between 2 autos

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Hubert Bayley (Automobile)
Coroner

(Address) 5142 Park Ave

M. D. B 1268-9

F 13927

13927

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of William St. St., 5 Ward)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 20 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Stewart. (C)

(a) Residence: No. 1106 E. Fayette St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) March 4, 1923

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	12	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Elwood Stewart. C.

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Edith Brown. (C)

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Elwood Stewart. (C) father
(Address) 1106 E. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL
Place [illegible] Date June 28 19 35

19. UNDERTAKER [illegible]
(Address) 1621 [illegible] St.
[illegible], Md.

20. FILED JUN 27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24, 1935.

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 1.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidengal Drowning while in bathing.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/24/35 19...

Where did injury occur? Foot of Lillian st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury White in bathing.

Nature of injury Accidental drowning.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) Otto K. Steinhardt, M. D.
6/26/35 (Address) 1017 E. Charles St. Coroner

M. D. B. 1268-9

F 13928

13928

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Found in Jones Fall at Alicesanna St., 3 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Walter Thrift

(a) Residence: No. Unknown St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Unknown

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 45	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Unknown

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT W. D. Wyant
(Address) Pratt & President Sts.

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date June 27, 1935

19. UNDERTAKER [illegible]
(Address)

FILED June 27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Prior to June 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:00 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably accidental Drowning	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..... 19.....

Where did injury occur? Unknown
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Found floating in water

Manner of injury Probably accidental

Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1010 S. Ellwood Ave.

M. D. B 1265-9

13929 E 13929

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

164-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3028 N Gartsmore St. 7th Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Elmer Y Brooks

(a) Residence: No. 3028 N Garrison Ave St. ..... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race White

5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Katie Brooks

6. DATE OF BIRTH (month, day, year) March 12-1889

7. AGE — Years 46 — Months 3 — Days 13 / 14 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Furniture Inspr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER FATHER

13. NAME Jas A Brooks

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Jennie King

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Katie M Brooks
(Address) 3028 N Garrison Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date June 28 1935

19. UNDERTAKER Frank Leach & Son
(Address) 1 Washington Place

20. FILED JUN 27 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on June 1, 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

a Cerebral Hemorrhage
b Arteriosclerosis
c
d

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident of injury June 25, 1935

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C W Didenhover Coroner M. D.

(Address) Coroner

CHARLES W. DIDENHOVER, M.D.

M. D. R. 1268-9

13930

E 13930

300963

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Earl Davis

(a) Residence: No. 1531 Barclay St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	—

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 2-6-35

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Gilbert Davis

14. BIRTHPLACE (city or town) (State or country) S Car

MOTHER

15. MAIDEN NAME Leurine Haskins

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL Place Mt Lebanon Cemetery Date 6/28, 1935

19. UNDERTAKER Mrs E. Chas G. Bayliss

(Address) 14 21 Jefferson St

FILED JUN 27 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to June 26, 1935

I last saw h in alive on June 26 1935 Death is said to have occurred on the date stated above, at 858 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute intestinal intoxication	
Diarrhea	6/25/35
Enteritis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Lydia B Edwards, M. D.

(Address) Johns Hopkins

M. D. B 1268-9

E 13931

13931

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balt City Hospitals 36 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Aubrie Sullivan

(a) Residence: No. 1318 S. Highland Ave., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female

4. Color or Race white

5. Single, Married, Widowed, or Divorced (write the word) married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of James P. Sullivan

6. DATE OF BIRTH (month, day, year) July 25, 1877

7. AGE: Years 57 | Months 11 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Juniata County Pennsylvania

FATHER

13. NAME Unknown Wildman

14. BIRTHPLACE (city or town) (State or country) unknown Pennsylvania

MOTHER

15. MAIDEN NAME Carrie Seibert

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address) James P. Sullivan 1318 S. Highland Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Carmel Date 6/28/35 19

19. UNDERTAKER (Address) Bernard A Finch 5135 Harford Road

20. FILED 6/27 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19 .

I last saw h alive on . 19 . Death is said to have occurred on the date stated above, at 3.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	

Other contributory causes of importance:

Chronic Bronchitis

Name of operation . Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. E. Wright, M. D.

(Address) 1010 S. Edmondson Ave.

13932 E 13932

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. 24 Ward)

Length of residence in city or town where death occurred 30? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No service

2. FULL NAME William Cameron.

(a) Residence: No. 727 S. Harvey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice.

6. DATE OF BIRTH (month, day, year) 9/17/1870.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64.		10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boilermaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ship

10. Date deceased last worked at this occupation (month and year) 2 yrs

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Keo Sinclair

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Son.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Olivet Cem. June 27 1935

19. UNDERTAKER Chas. L. Stevens & Son
(Address) 1501 E. Fayette, Huntington Phillips, Registrar

7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/4. 1935 to 6/27. 1935

I last saw him alive on 6/27. 1935 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Duration 6 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 13933

13933

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Edward 1230 William St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Edward J Eidman

(a) Residence: No. 1230 William St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 28. 1902

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
32	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bruns Laundry

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME John McEndmon

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Mary M Greffen

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Mrs M McEndmon
(Address) 1230 Hulman St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Date 6/28/35

19. UNDERTAKER J J Ahey Inc
(Address) 13 S Eutaw St

20. FILED Huntington Williams Registrar.

7 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to June 25, 1935.

I last saw h in alive on June 25, 1935 Death is said to have occurred on the date stated above, at 11.05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	6-23-35

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Philip B. Fowler M. D.

(Address) 1432 William St.

F 13931 ✓ F 13934

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3448 Park Heights Ave 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Josephine Peters

If U. S. Veteran specify WAR .....

(a) Residence: No. 3448 Park Heights Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single, Married,~~ Widowed, ~~or Divorced~~ (write the word): Widowed

5a. If ~~married~~ widowed, ~~or divorced~~ ~~HUSBAND~~ of (or) WIFE of Henry Peters

6. DATE OF BIRTH (month, day, year) July 25th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Jacob Markley

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Margaretta Dierlein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Bertha Peters

(Address) 3448 Park Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 29th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED Huntington Williams, Reg.

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935, to June 26, 1935

I last saw her alive on June 26, 1935. Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis (1st cerebral hemorrhage)	18 years
Other contributory causes of importance: Cerebral hemorrhage (2nd)	7 days

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. Frederick Lentz, M. D.

6-28-35 (Address) Temple Garden Apts

M. D. F. No. F 13935 ✓ F 13935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore Gen. St., 14th Ward)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Emma Morgan

(a) Residence: No. 1419 Mt. Royal St., Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) Dec 3, 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Play Journal Asst. Editor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Boston Mass.

FATHER

13. NAME Emmett Morgan

14. BIRTHPLACE (city or town) (State or country) New Orleans La.

MOTHER

15. MAIDEN NAME Frances Whitney

16. BIRTHPLACE (city or town) (State or country) New Orleans La.

17. INFORMANT Hospital Records
(Address) West Balto. Gen'l Hospital

18. BURIAL, CREMATION, REMOVAL Woodlawn Cemetery
Place Boston Mass Date June 30th, 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

JUN 28 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1935 to June 27, 1935

I last saw her alive on June 27, 1935 Death is said to have occurred on the date stated above, at 8 2/3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Ovaries	Sept. 1934

Other contributory causes of importance:

Post-Operative Shock

Name of operation Exploratory Laparotomy Date of 6/26/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jos. Eichelberger M. D.

(Address) West Baltimore Gen. Hosp.

M. D. P. 1268-9

F 13936

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13936

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1511 N. Fulton Ave. St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George Burton

(a) Residence: No. 123 E. Pratt St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	A. A.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Katie Burton

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Montford Delaware

FATHER

13. NAME George Washington Burton

14. BIRTHPLACE (city or town) (State or country) Montford Delaware

MOTHER

15. MAIDEN NAME Mattie Ann Burton

16. BIRTHPLACE (city or town) (State or country) Montford Delaware

17. INFORMANT Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date June 27, 1935

19. UNDERTAKER
(Address)

20. FILED JUN 28 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/5, 1935, to 6/26, 1935

I last saw him alive on 6/26, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca. Mesocardium	
Hypertension	
arteriosclerosis	

Other contributory causes of importance:

senility

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Lewis C. Johnson, M. D.

(Address) 1202 Penna Ave

M. D. B. 1268-4

F 13937

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

198

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Maryland Penitentiary 954 Forest St., 10 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 8 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William Harold .....

(a) Residence: No. 954 Forest St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bessie Holmes

6. DATE OF BIRTH (month, day, year) Dec. 25th, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	75	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Laborer prod
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc
10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dixie Shops, Alabama

FATHER
13. NAME Edward Harold
14. BIRTHPLACE (city or town) (State or country) Leal, Alabama.

MOTHER
15. MAIDEN NAME Mary Jane Craig
16. BIRTHPLACE (city or town) (State or country) Leal Alabama

17. INFORMANT Informant
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Locust Hunt Date 6/28 19 35

19. UNDERTAKER J. J. Staley Co.
(Address) 1318 Light St

20. FILED ..... 19 ..... Registrar

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 19 35

22. I HEREBY CERTIFY, That I attended deceased from December 7th 1934 to June 28th 1935
I last saw him alive on June 28th 1935 Death is said to have occurred on the date stated above, at 12 15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th cervical vertebra	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John F. Aubrey M. D.
(Address) 606 Annesley Road

OCCUPATION is very important. See instructions on back of certificate.

F 13938

Cor—12-9-25—A Co.—200 Bks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13938

CERTIFICATE OF DEATH

89-B

REGISTERED NO.

1-PLACE OF DEATH

City of BALTIMORE: (No. Balto. Eye, Ear and Throat Hosp. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Elizabeth Louise Fialkowski

(a) RESIDENCE NO. 2007 Eastern Ave. Ward

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 7 ds. 10 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F.

4 Color or Race: W.

5 Single, Married, Widowed, or Divorced (write the word): Single

6a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day and year): Nov. 17 1932

7 AGE: Years 2 Months 7 Days 10 IF LESS than 1 day ..... hrs. or ..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) Balto.

(State or country) Md

PARENTS

10 NAME OF FATHER Wm Fialkowski

11 BIRTHPLACE OF FATHER (city or town) Balto.

(State or country) Md

12 MAIDEN NAME OF MOTHER Anna Wojcicka

13 BIRTHPLACE OF MOTHER (city or town) Balto. Md.

(State or country)

14 Informant Mr. Wm Fialkowski

(Address) 2007 Eastern Ave

Filed ..... 19 ..... Registrar

JUN 28 19

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 27 1933 192

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an injury (Inquest, autopsy or inquiry.), thereon and from the evidence obtained by said injury (Inquest, autopsy or inquiry) find that said deceased came to her death about 9 a.m. on the day stated above.

The CAUSE OF DEATH was as follows*

Pneumonitis

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (Secondary) Mastoiditis.

(duration) ..... yrs. ..... mos. ..... ds.

(Signed) C. Hann M. D.

(Coroner)

19 (Address) 1215 Hanover,

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) Whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. about 2 years home

Where was disease contracted, if not at place of death?

Former or usual residence 2007 Eastern ave.

19 PLACE OF BURIAL, CREMATION OR REMOVAL Holy Rosary Cem. Date of Burial 6/29/33

20 UNDERTAKER Paul F Heumann ADDRESS 32 S. Bro

✓ F 13939

13939

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93 Gr Tawley

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1100 S. Clinton St., 76 Ward) Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ann O. Conner

If U. S. Veteran specify WAR

(a) Residence: No. 1100 S. Clinton St., Ward 26

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of the late John O. Conner

6. DATE OF BIRTH (month, day, year) April 28th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	1	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Cunningham

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Frank. O. Conner

(Address) 1100 S. Clinton St.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date June 29 1935

19. UNDERTAKER Fally & Zurlein

(Address) 403 E. Fayette St.

FILED JUN 29 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1935, to June 26, 1935, last saw h. alive on June 24, 1935. Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	
Other contributory causes of importance:	
Pleurisy	3 da.
Terminal Pneumonia	1 da.

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? C. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J. Joseph Jonkey M. D.

(Address) 441 S. Edward Ave

M. D. B. 1208-9

F 13940 ✓ F 13940

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. x 119

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred ... yrs. 1 mos. 15 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds. 7 days

2. FULL NAME Douglas Otis Smith

(a) Residence: No. Owings Mills - Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) May 12, 1935

7. AGE	Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
		1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER FATHER

13. NAME Otis Smith

14. BIRTHPLACE (city or town)
(State or country) Maryland

15. MAIDEN NAME Alice Dawson

16. BIRTHPLACE (city or town) Baltimore County
(State or country) Maryland

17. INFORMANT Alice Smith
(Address) Owings Mills, Md.

18. BURIAL, CREMATION, OR REMOVAL Pleasant Rest Cem. Date June 28 1935

19. UNDERTAKER Bernard Belmsley
(Address) 818 Dorg Hwy

20. FILED JUN 29 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 2:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nutritional Disturbance	

Other contributory causes of importance:

Name of operation ... Date of

What test confirmed diagnosis Clinical Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Paul Whenley Coroner, M. D.

(Address) 1919 E. North Ave.

M. D. B 12

F 13941 Miller ✓ F 13941

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

180

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospitals St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Mueller

(a) Residence: No. City Refuse Dump Russell St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Augusta

6. DATE OF BIRTH (month, ~~day~~, year) April 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	about 71	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house decorating

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland.

FATHER

13. NAME "

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME "

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) Mrs. Julia Allendt 2100 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date June 28, 19 35

19. UNDERTAKER (Address) Harry A. Whitlock 4101 Old Frederick Road Baltimore, Md.

FILED ... 19... Registrar.

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
2nd & 3rd degree burns (legs, hands, genitalia & face)	June 25
Other contributory causes of importance: chronic nephritis	prior to or about 1930

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June, 1925.

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Balto City Refuse Dump Russell St.

Manner of injury shack in which he lived caught fire during night

Nature of injury 2nd & 3rd degree burns.

24. Was disease or injury in any way related to occupation of deceased? yes If so, specify worked at a refuse dump

(Signed) V. V. Wright M. D. Coroner

(Address) 10 S. Gilmor St.

M. D. F. 17-30 F 13942 ✓ F 13942

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-C

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 5 Ward)
Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Donnie Williams
(a) Residence: No. 106 N Exeter St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male.
4. Color or Race Co
5. Single, Married, Widowed, or Divorced (write the word) Married
5a. If married, widowed, or divorced HUSBAND of (or) WIFE Mollie Williams
6. DATE OF BIRTH (month, day, year) 1886
7. AGE Years 49 Months Days If LESS than 1 dny. hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home yard
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C.

FATHER
13. NAME unknown
14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT Mollie Williams
(Address) 106 N. Exeter St
18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 6-28- 1935
19. UNDERTAKER Bryant Mamie W Wright
(Address) 1218 McCulloh St
20. FILED 19 Registrar

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26- 1935
22. I HEREBY CERTIFY, That I attended deceased from 6-22- 1935 to 6-26- 1935
I last saw him alive on 6-26- 1935. Death is said to have occurred on the date stated above, at 2 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Myocardial Failure	
Uremia	
Hypostatic Congestion of lungs	
Other contributory causes of importance: Malignancy of Prostate with metastases to lumbar Vertebrae - to be determined by microscopic study	Unknown

Name of operation Date of
What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin B Le Compte M. D.
(Address) Provident Hosp

INSTRUCTIONS ON BACK OF CERTIFICATE.

M. D. B 1268-9

F 13943 ✓

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13943

CERTIFICATE OF DEATH

X 146-93II

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred .....yrs. .....mos. 1 ds. How long in U. S. If of foreign birth? .....yrs. .....mos. .....ds.

2. FULL NAME Louise Warren

(a) Residence: No. Dorsey, Md. St., ... Ward. ✓

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Grant Warren

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. W. 0037

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Charles Co. Md.

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME Not Knowin

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT .....

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St. Marks a a/c Date June 30 1935

19. UNDERTAKER The W. G. White Co. Forrest Road & Huntington Avenue

(Address)

20. FILED JUN 29 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10. 15, 1935 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pueperal Nephritis Toxemia	
Myocarditis Failure	

Other contributory causes of importance:

Name of operation Empting Uterus Date of 6/27/35

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) R. W. Miller M. D.

(Address) 2757 W. North Ave

F 13944

F 13944 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 18 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Florence Turner Shaw

(a) Residence: No. 1047 W. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) 4/4/1893.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
42.	2	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (17)

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation (10)

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo. Turner

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daughter

(Address) 1047 W Fayette St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt Auburn Cem Date July 1 1935

19. UNDERTAKER Isaac L Bowie Son

(Address) 1058 W Monroe St

Huntington Williams, Registrar.

28 1935 . 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/23, 1935 to 6/26, 1935

I last saw her alive on 6/26, 1935 Death is said to have occurred on the date stated above, at 8:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Cerebral hemorrhage	3 days

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

N.D. (Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp.

M. D. B. 1268-9

F 13945

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13945

CERTIFICATE OF DEATH

198 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland Penitentiary Ward 10)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Poindexter

(a) Residence: No. 954 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
BUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 19, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	27	10	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lovington, Va

FATHER

13. NAME Emmett Poindexter

14. BIRTHPLACE (city or town) (State or country) Middlebrook, Va.

MOTHER

15. MAIDEN NAME Carrie B. Johnson

16. BIRTHPLACE (city or town) (State or country) Middlebrook, Va

17. INFORMANT Self
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Md. Date 6/29, 1935

19. UNDERTAKER
(Address)

JUN 28 1935 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1935 to June 28th, 1935

I last saw him alive on June 26th, 1935. Death is said to have occurred on the date stated above, at 12:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation of 5th cervical vertebra	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
(Yes or no, specify)

(Signed) John F. Anthony M. D.

(Address) 1606 Annesley Road

M. D. B. 1265-9

✓ F 13946

F 13946 HEALTH DEPARTMENT—CITY OF BALTIMORE

94-B

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 8 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Benjamin Baker

(a) Residence: No. 1546 N. Washington St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rey Baker

6. DATE OF BIRTH (month, day, year) 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel (Iron)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Baker

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harvey Baker (Son) (Address) 3700 Greenmeadow Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Forest Park Cem. Date 6-28- 35

19. UNDERTAKER Jacob Levin Inc (Address) 1429 E. Baltimore St

Huntington Williams, V.P. Registrar

28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1935 to June 27, 1935

I last saw him alive on June 24, 1935. Death is said to have occurred on the date stated above, at 4:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	6/21

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

INSTRUCTION IS VERY important. See instructions on back of certificate.

F 13947

21. D. B. 1268-9

F 13947

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

72-a

1. PLACE OF DEATH Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ave St. Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred over 10 yrs. mos. ds. How long in U. S. If of foreign birth, over 10 yrs. mos. ds.

2. FULL NAME Kate Lumer

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	75			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

FATHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Sigmund Feinblatt

(Address) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Hebrew Rosedale Date 6-28- 35

19. UNDERTAKER Jack Lewis Inc

(Address) 1439 E Baltimore St, Huntington Hillcrest, N.Y.

28 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-22 1935 to 6-28 1935

I last saw h[illegible] alive on 6-27 1935 Death is said to have occurred on the date stated above, at 1.30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. card. vascular disease	
Cardiac hypertrophy	
Myeloid leukemia	
Other contributory causes of importance:	
Cirrhosis of liver	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edmund Levin M. D.

(Address) Levindale

M. D. B. 1268 F 13948 F 13948

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1331

1. PLACE OF DEATH Good Shepherd General Hospital Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1210 Fairmont St., 10 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Emma Stewart

(a) Residence: No. 802 McCulloh St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	A. A.	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1/ /72

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	56			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Harrisburgh
(State or country) Virginia

FATHER

13. NAME Lewis Reed

14. BIRTHPLACE (city or town) Elkwood Co
(State or country) Maryland

MOTHER

15. MAIDEN NAME Frances Gadsden

16. BIRTHPLACE (city or town) Prince George Co
(State or country) Maryland

17. INFORMANT Emma Stewart (Patient)
(Address) Good Shepherd Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Univ. of Md Date June 28, 1935

19. UNDERTAKER
(Address)

20. FILED ~~June~~ 19 ~~Darlington~~ Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-/18, 19 35. to 6/27, 19 35.

I last saw her alive on 6/27/35, 19. Death is said to have occurred on the date stated above, at 1.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Terminal Pneumonia	2 days
Hemiplegia (right)	2 days
Hypertension	Indef.
Arteriosclerosis	Indef.
Other contributory causes of importance:	
Chr. Nephritis	Indef.

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Lauri C. Johnsen, M. D.

(Address) 1702 Penna Ave

F 13949

F 13949

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 19 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Mason Gordon.
(a) Residence: No. 245 N. Pearl St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	married.

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary

6. DATE OF BIRTH (month, day, year) 1888.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
47 ~~50~~			

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER
13. NAME Jake Gordon.
14. BIRTHPLACE (city or town) (State or country) Tenn

MOTHER
15. MAIDEN NAME Mattie Hall.
16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records B.C.H.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date June 29 35

19. UNDERTAKER Elroy O Wilson
(Address) 1001 Pennsylvania Ave

FILED JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1935 to 6/26, 1935
I last saw him alive on 6/26 1935 Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic nephritis c uraemia.	6 mo ?
Hypertension	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp

N. D. B 1268-9

F 13950 HEALTH DEPARTMENT—CITY OF BALTIMORE F 13950

CERTIFICATE OF DEATH

93-c

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 207 N. Eden St., 5 Ward)

Length of residence in city or town where death occurred 11 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME George Butler

(a) Residence: No. 207 N. Eden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3a. If married, widowed, or divorced
HUSBAND of (~~or WIFE of~~) Colodine Butler

6. DATE OF BIRTH (month, day, year) May 12 1887

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	48	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Fairfax County Virginia

FATHER

13. NAME Henry Butler

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Martha Jefferson

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Colodine Butler

(Address) 207 N. Eden St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date June 29 1935

19. UNDERTAKER Robt F Wilkinson

(Address) Huntington Ave & Penna R.R.

Registrar.

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Cardiac Failure	

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 919 E. North Ave.

M. D. F. 1268-9

F 13951

13951 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH ✓ 132

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 6 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Harris

(a) Residence: No. 1502 E Fairmount St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mar 1899

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	3		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pvt

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Geo Harris

14. BIRTHPLACE (city or town) (State or country) Balto Co, Md

MOTHER

15. MAIDEN NAME Carrie Harris

16. BIRTHPLACE (city or town) (State or country) Farmington Md

17. INFORMANT Mansfield Davis

(Address) 211 N Bond St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 1 1935

19. UNDERTAKER R. H. Williams

(Address) 1515 McElderry St

Huntington Williams Mortician

7-2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-25 1935 to 6-27 1935

I last saw her alive on 6-27 1935 Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Uremic Poisoning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so specify

(Signed) Calvin B. LeCompte M. D.

(Address) Provident Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

13952

F 13952

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1610 Edmondson ave 16 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clara J. Fennell

(a) Residence: No. 1610 Edmondson ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME James Fennell

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Anna Hill.

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Gertrude Govans

(Address) 1610 Edmondson ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date 6-29, 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 238 N Bidale St

28 1935 Huntington Ave

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to June 26, 1935

I last saw her alive on June 25, 1935 Death is said to have occurred on the date stated above, at 24 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 23 1935
Other contributory causes of importance:	
Hypertension and Arteriosclerosis	7 1

Name of operation Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hattie Carter, M. D.

(Address) 1610 Edmondson Ave

M. D. B 1268-9

F 13953

13953

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1817 N. Chapel St. St. 8 Ward)

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME MARGARET M. GORDON.

(a) Residence: No. 1817 N. Chapel St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Thomas Gordon

6. DATE OF BIRTH (month, day, year) May 11th. 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Patrick Bradley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Kain

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT John Gordon
(Address) 1817, N. Chapel St,

18. BURIAL, CREMATION, OR REMOVAL
Place St. Frances DeSales Abingdon Md. Date June 29th. 35

19. UNDERTAKER Chas F. Grace Son
(Address) 118 W. Mt. Royal Ave.

20. FILED Huntington Williams, Registrar

JUN 28 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27th. 35

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to June 27 1935

I last saw h[illegible] alive on June 25 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
hy a cerebellis	a 5d

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Jacob Fisher M. D.

(Address) 1823 Hanover

OCCUPATION is very important. See instructions on back of certificate.

13954 F 13954

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

130

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Tucker Mosby

(a) Residence: No. 2113 Oak St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Myrtle.

6. DATE OF BIRTH (month, day, year) 10/6/1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Charles

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Lucy ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem. Date 6/29 1935

19. UNDERTAKER Kayser Sanders
(Address) 2013 E. Preston St

20. FILED 28 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/26 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1935 to 6/26 1935

I last saw him alive on 6/26 1935 Death is said to have occurred on the date stated above, at 4 45 a. m.

The principal cause of death and related causes of importance were as follows:

Subacute glomerulo-nephritis & uremia — Date of onset 2 wks.

Hypertension — ?

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reitz M. D.

(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

13955 F 13955

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH At Home - Baltimore Md — Registered No. .....

CITY OF BALTIMORE: (No. 3307 Kenyon Ave St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Margaret E Bloberger

(a) Residence: No. 3307 Kenyon Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John F Bloberger

6. DATE OF BIRTH (month, day, and year) Oct 21 - 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	7	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife 0031

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country) Baltimore Md

FATHER

13. NAME Henry Heilmann

14. BIRTHPLACE (City or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Louise Krackle

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT John F Bloberger

(Address) 3307 Kenyon Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Parwood Cem. Date June 29/35

19. UNDERTAKER Lilly & Zibell Inc.

(Address) 403 E Wolfe St.

Interment Witness

28 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw her alive on 6/27 . 1935 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

Chr Valvular heart disease — Date of onset .....

Other contributory causes of importance: Shock - activating acute cardiac disease - as a result of auto acc. — Date of onset 5/26

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ..... Date of injury 5/2 . 1935

Where did injury occur? Gay & Forrest Sts (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

How injury occurred Autos Collided

Shock Suspected contusions.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

Signature Hubert Waldeck Automobile Driver M. D. Coroner

(Address) 5142 Park Heights Ave

M. D. B. 1268-9

F 13956

HEALTH DEPARTMENT—CITY OF BALTIMORE

13956

CERTIFICATE OF DEATH

159

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Balto St. Hosp. Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Baby Boy Metsala

(a) Residence: No. 815 Johnows Pl. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-26-35

7. AGE	Years	Months	Days	If LESS than 1 day	hrs. or ..... min.
				5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (Wife)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto
(State or country) Md.

FATHER

13. NAME John N. Metsala

14. BIRTHPLACE (city or town) Finland
(State or country)

MOTHER

15. MAIDEN NAME Maria S. Tammi

16. BIRTHPLACE (city or town) Finland
(State or country)

17. INFORMANT .....
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Public Cemetery Date June 28, 1935

19. UNDERTAKER .....
(Address)

JUN 28 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26-35 19

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1935 to 6-26 1935, 19

I last saw h.. m alive on 6-26 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.

The principal cause of death and related causes of importance were as follows:

Prematurity

Date of onset

Other contributory causes of importance:

Name of operation 0 Date of 0

What test confirmed diagnosis? 0 Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Milton J. Stern M. D.

(Address) 20 S. Balto St.

OCCUPATION is very important. See instructions on back of certificate.

F 13957

F 13957

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 18 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Clarke Anderson

(a) Residence: No. 1104 Franklin st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 6, 1900

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
35	—	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Helper on truck

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Anderson

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Isabell Clarke

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date June 28 1935

19. UNDERTAKER Thomas E. Mitchell
(Address) 1400 Cornelia Ave.

Huntington Williams, Reg. No.
28 1935 & VFW

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1935, to June 26, 1935

I last saw him alive on June 26, 1935 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Meyer W. Jacobson, M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

Spec—9-30—A & Co.—250 Bks

F. 13958

13958

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

1-PLACE OF DEATH Franklin Square Hosp (If death occurred in a hospital or institution, give its NAME instead of street and number.)

REGISTERED NO.

CITY OF BALTIMORE: (No ..... St 19 Ward)

2-FULL NAME Mary Kane

(a) RESIDENCE NO. 163 W. Main St (Usual place of abode) Westminster Md. St. Ward (If non-resident give city or town and State)

Length of residence in city or town where death occurred ... yrs. ... mos 5 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	W	Wid

5a If married, widowed, or divorced HUSBAND of (or) WIFE of

6 DATE OF BIRTH (month, day, and year) Feb 2 1878.

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	57	4	26	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Clerk.

(b) General nature of Industry, business, or establishment in which employed (or employer) Grocery Store

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Westminster Md.

PARENTS

10 NAME OF FATHER Richard Kane.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Etta Zinkling

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md

14 Informant Mrs. Rep Anders. (Address) Westminster Md.

15 [illegible] 28 1935 . 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 28/35

17

I HEREBY CERTIFY, That I attended deceased from June 20 . 19 35 to June 28 . 19 35 that I last saw him alive on June 20 . 19 35 and that death occurred, on the date stated above, at 12:50 P m.

The CAUSE OF DEATH* was as follows:

Diabetes mellitus

Peri rectal abscess

Gangrene of perineum

(duration) yrs. ... mos. 7 ds.

CONTRIBUTORY ..... (Secondary)

(duration) yrs. ... mos. ... ds.

18 Where was disease contracted If not at place of death?

Did an operation precede death? No Date of 6-26-35

Was there an autopsy? no

What test confirmed diagnosis? clinical

(Signed) J Dwer Moores M. D.

. 19 (Address) Franklin Sq. Hosp.

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Westminster

DATE OF BURIAL July 1 1935

20 UNDERTAKER E H Bankard & Son

ADDRESS Westminster

TION is very important. See instructions on back of certificates.

M. D. F. 1268-9

F 13959

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13959

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3040 Guilford Avenue. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edith Ann Durbin

(a) Residence: No. 3040 Guilford Avenue. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) February 6th 1863

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	72	4	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Milwaukee, Wis.

FATHER

13. NAME Henry Durbin

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Ann Jeffreys

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Mrs. W. G. Ford

(Address) 3040 Guilford Ave.,

18. BURIAL, CREMATION, OR REMOVAL

Place Milwaukee, Wis. Date June 28th 19 35

19. UNDERTAKER [illegible]

(Address) [illegible]

JUN 28 1935 19

Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 19 35

22. I HEREBY CERTIFY, That I attended deceased from Apr 16 19 35 to June 27 19 35

I last saw h[illegible] alive on June 27 19 35 Death is said to have occurred on the date stated above, at 7:[illegible] P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiac disease (myocardial & valvular)	6 or 7 yrs
Other contributory causes of importance: General Chronic Senescence	
General Arteriosclerosis - with	2½ yrs

Name of operation None Date of

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. D.

(Address) 2216 Garrison Blvd

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13960

13960

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 82-a

1. PLACE OF DEATH Jenkins Memorial Hospt. 25

CITY OF BALTIMORE (No. 1000 Caton Ave St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. Jane E. Layton

(a) Residence: No. 5394 Wilkens Ave St., Ward.

(Usual place of abode) Catonsville, Md. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) about 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Blairsville Penna.

FATHER

13. NAME James Crate

14. BIRTHPLACE (city or town) (State or country) Penna.

MOTHER

15. MAIDEN NAME Ann McCullough

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Jenkins Memorial Hospt.

(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place PITTSBURGH 6/28 1935

19. UNDERTAKER Martin Fahy Sons

(Address) 1827 W. North. ave.

20. FILED JUN 28 1935 Huntington Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th 1931

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934 to June 28th, 1931

I last saw her alive on June 27th, 1931 Death is said to have occurred on the date stated above, at 8:9 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension & Arteriosclerosis	
Cerebral Hemorrhage	6-3-35
Hypostatic pneumonia	6-10-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) Robert F. Healy, M. D.

(Address) St. Agnes Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 53

F 13961

13961 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. No Ward)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Martin

(a) Residence: No. none St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 1870(?)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. Y.

FATHER

13. NAME Thomas Martin

14. BIRTHPLACE (city or town) (State or country) N. Y.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Hope Date 6/29/35

19. UNDERTAKER J. F. Tracy Son
(Address) 1318 Light St

28 1935 Funeral Home, Williams, N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/2 1935 to 6/25 1935

I last saw him alive on 6/25 1935 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of about
Bronchopneumonia	3 wks
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? ..... Date of Injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 13962

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13962

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 19 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Smith If U. S. Veteran specify WAR

(a) Residence: No. 1306 W Fayette St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. If Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Ella Smith

6. DATE OF BIRTH (month, day, year): March 7, 1870

7. AGE: Years 65; Months 3; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 3

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Charles Smith

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Regina Hoelung

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Fairfield Road

18. BURIAL, CREMATION, OR REMOVAL

Place: Locust Hill Date: 6/29 35

19. UNDERTAKER (Address): J. J. Flaherty & Son 1318 Light St

20. FILED 6-28-1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29 1935 to June 23 1935

I last saw him alive on June 23 1935 Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture Rectal Duct	1935

Other contributory causes of importance:

Edema Cirrhosis	1935

Was an operation performed? Yes Date of 5-29-35

For what disease or injury: Edema Obstruction

Name of operation: Exploratory Operation

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel H. Grant, M. D.

(Address) Balto City Hospitals

OCCUPATION IS VERY important. See instructions on back of certificate.

M. D. P. 1268-9

F 13963

13963 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1344 E. Fort Ave (St. ~~Ave.~~) Ward)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alberta Webster

(a) Residence: No. 1344 E. Fort Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daniel Webster

6. DATE OF BIRTH (month, day, year) Sept 17, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61 62	9	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Washington D. C.

FATHER

13. NAME Augusta La Fontaine

14. BIRTHPLACE (city or town) (State or country) France

MOTHER

15. MAIDEN NAME Katherine Lasso

16. BIRTHPLACE (city or town) (State or country) France

17. INFORMANT Viola Webster

(Address) 1344 E. Fort Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date June 29 1935

19. UNDERTAKER Easton Lane,

(Address) Edmondson Ave.

Filed 28 1935 Huntington Pkwy, Reg'd

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 25, 1935.

I HEREBY CERTIFY, That I attended deceased from May 15 1935 to June 25 1935.

I last saw her alive on June 25 1935. Death is said to have occurred on the date stated above, at 10.15 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Oedema. — Date of onset ...

Other contributory causes of importance: Carcinoma of Gall Bladder & Gall Stones. Hysterectomy Laparotomy

Name of operation — Date of operation May 1935

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John A. Scheuerich M.D.

(Address) 1337 S. Charles St

M. D. P. 1268-9

13964 ✓ F 13964

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

121

1. PLACE OF DEATH — Registered No. 15 12

CITY OF BALTIMORE: (No. Mercy Hospital St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. 9 mos. 16 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Lee Hayes

(a) Residence: No. 4105 Boarman Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 4, 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	9	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Eugene Hayes

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Helen Anderson

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Eugene Hayes

(Address) 4105 Boarman Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loraine Cemetery Date June 29, 1935

19. UNDERTAKER Harry H. Amacoste & Son

(Address) 4204 Edgewood Ave

28 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1935, to June 27, 1935

I last saw h alive on June 27, 1935. Death is said to have occurred on the date stated above, at 11:40 Pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	
Peritonitis	

Other contributory causes of importance:

Name of operation Appendectomy & Drainage Date of June 27 1935

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Huntington Williams M. D.

(Address) Mercy Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. 126 [illegible]39665

✓ F 139665

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 149-C-122B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 11 Ward)

Registered No. [illegible]

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred [illegible] yrs. [illegible] mos. [illegible] ds. How long in U. S. if of foreign birth? [illegible] yrs. [illegible] mos. [illegible] ds.

2. FULL NAME Rachael Mathews

X

(a) Residence: No. Laurel Md. St., [illegible] Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	B	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 26, 1903

7. AGE Years	Months	Days	If LESS than 1 day, [illegible] hrs. or [illegible] min.
31	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Laurel Md.

FATHER

13. NAME Thomas Mathews

14. BIRTHPLACE (city or town) (State or country) Laurel Md.

MOTHER

15. MAIDEN NAME Hattie Isaac

16. BIRTHPLACE (city or town) (State or country) Del

17. INFORMANT Mrs. M. Mathews

(Address) Laurel Del

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Hendrick, Date June 3? 1935

19. UNDERTAKER D. H. Drysdale

(Address) Laurel Del

20. FILED [illegible] 19 [illegible] Registrar.

JUN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-26, 1935 to 6-28, 1935

I last saw her alive on 6-28, 1935 Death is said to have occurred on the date stated above, at 7 01 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Full Term Pregnancy	Sept 1934
Parturition	6-26-35
Cerebral Pelvic disintegration	6-26-35
Pituitrin therapy	6-26-35
Paralytic Ileus	6-27-35
Other contributory causes of importance:	
Uterine inertia	6-26-35
Prolonged Labor	6-24-35

Name of operation Hysterotomy, Cesarean Date of 6-26-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury [illegible], 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George C. Bagley M. D.

(Address) University Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 13966 ✓ F 13966 1935

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 160-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Mathews

(a) Residence: No. University Hospital St., Laurel Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	C	S.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 6-27-1935

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Rachael Mathews

16. BIRTHPLACE (city or town) (State or country) Laurel Md

17. INFORMANT Rachael Mathews

(Address) Laurel Md.

18. BURIAL, ~~CREMATION~~, OR REMOVAL

Place Kunkirk Date June 30. 1935

19. UNDERTAKER Earl H Donaldson

(Address) Huntingtown

20. FILED JUN 28 1935 Huntington Williams, M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-27. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-27. 1935 to 6-27. 1935

I last saw her alive on 6-27. 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	6-27-35
Other contributory causes of importance:	
Prolonged labor with cephalo-pelvic disproportion	6-27-35

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No ... If so, specify ...

(Signed) George E. Englehardt Jr. M. D.

(Address) University Hosp.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9 F 13967 ✓ F 13967

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

1. PLACE OF DEATH Found floating in the water at 25

CITY OF BALTIMORE: (No. Curtis Creek off Davison St., Chemical Co. Ward)

non resident.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Tsang San.

(a) Residence: No. Do not know. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Yellow	Do not know.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ;----------

6. DATE OF BIRTH (month, day, year) Do not know.

7. AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	35	----------		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dykman.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S/SInverbank.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) China.

FATHER

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

17. INFORMANT Capt. N. Forsyth.
(Address) S/S Inverbank.

18. BURIAL, CREMATION, OR REMOVAL
Mt. Olivet Date 6/29, 1935

19. UNDERTAKER Bernard C. Harlow
(Address) 121 E. West St.

6/29 1935 Harlow for Williams & Son

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Missing June 23, Found June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Occidental Drowning while attempting to desert s/s Inverbank.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/23/35

Where did injury occur? Curtis Creek.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place.

Manner of injury Attempting to desert ship

Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Elton Reinhardt, Coroner, M. D.

6/28/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9 Important. See instructions on back of certificate.

M. D. B. 1268

F 13968 ✓ F 13968

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. South Balto Gen. Hosp St. 24 Ward)

Length of residence in city or town where death occurred 3 yrs. 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. James

(a) Residence: No. 400 Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Catherine M. James

6. DATE OF BIRTH (month, day, year) Sept 7th 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesmate 166

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas + Elec Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

MOTHER FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) Not known

17. INFORMANT ~~Bernard~~ Cath. James
(Address) 400 E Randall St

18. BURIAL, CREMATION, OR REMOVAL
London Park Date 7-1 1935

19. UNDERTAKER Bernard C Hasler
(Address) 131 E Madison St.

Huntington Williams, M.D.
Registrar.

20. FILED 25 1935

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935 to June 28, 1935
I last saw him alive on June 28, 1935. Death is said to have occurred on the date stated above, at 9.00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Right Lobar Pneumonia	6-20-35
Other contributory causes of importance:	
Uremia	6-26-35

Name of operation Date of

What test confirmed diagnosis? Clinical + Lab. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) J H Damanco M. D.
(Address)

M. D. F. 1268-9

F 13969

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13969

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1239 E Eager St., 10 Ward)

Length of residence in city or town where death occurred 49 yrs. mos. How long in U. S. If of foreign birth 49 yrs. ds.

2. FULL NAME John. F. Schmitt

(a) Residence: No. 1239 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Barbara Schmitt

6. DATE OF BIRTH (month, day, year) May 27 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bronz Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schmitt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Margaret Garris

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. Barbara Schmitt
(Address) 1239 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Cem. Date July 1 1935

19. UNDERTAKER Henry Heidt Sons, Inc
(Address) 301 E. Eager St

Date FILED JUN 29 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to June 28 1935.

I last saw him alive on June 27 1935 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 6/24/35
Generalized Arterio Sclerosis
Chronic Nephritis

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thomas J. Corcoran M. D.

(Address) 11 East Chase St

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

F 13970

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13970

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. University Hospital St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John M. Superczynski

(a) Residence: No. 912 Fell St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Juliana Cheminski

6. DATE OF BIRTH (month, day, year) Dec. 24, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ret'd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Posen Poland

FATHER

13. NAME John Superczynski

14. BIRTHPLACE (city or town) (State or country) Posen Poland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Mrs. J.M. Superczynski

(Address) 912 Fells St.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~

Place St. Stanislaus Date July 1 , 1935

19. UNDERTAKER M. F. Sulowski & Sons

(Address) 1849 Eastern Ave.

Huntington Williams, M.D.

Registrar.

JUL 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 28, day 1935 , 19

22. I HEREBY CERTIFY, That I attended deceased from ... , 19 ... to ... , 19 ...

I last saw h... alive on ... , 19 ... Death is said to have occurred on the date stated above, at 5.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	
Prostate	
Hypertrophy	about

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... , 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. H. Mackin M. D.

(Address) 3757 N. Howard St.

Coroner.

F 13971 ✓ F 13971

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 26 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lizzie Smith.

(a) Residence: No. None St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of ?

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
81 (?)			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Jacob Henry Smith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Achenbach

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date June 29 1935

19. UNDERTAKER H. Sander & Sons Inc
(Address) 1710 Pleasant St

20. FILED JUN 29 1935 Lexington Williams, Registrar. 1004

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/16 1935 to 6/27 1935

I last saw h[illegible] alive on 6/27 1935. Death is said to have occurred on the date stated above, at 330 p. m.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
Cerebral hemorrhage	36 hr.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate. Last statement of

M. D. B. 1268-9 F 13972

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13972

CERTIFICATE OF DEATH

146-92a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. SOUTH BALTO GEN HOSP St.) Ward)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ALICE SCHREINER

(a) Residence: No. 2627 E. MONUMENT St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Schreiner

6. DATE OF BIRTH (month, day, year) Feb. 20, 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
27	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Louisanna

FATHER

13. NAME Charles Michaels

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Elizabeth Bauer

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. William Schreiner

(Address) 2627 E. Monument Street

18. BURIAL, CREMATION, OR REMOVAL

Place 1st Evangelical Date July 1 '35

19. UNDERTAKER H. SANDER & SON, INC. Sam'l. Sander

(Address) Balto. St. & Broadway

20. FILED ... Huntington Williams M.D. Registrar

JUL 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUNE 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to JUNE 28, 1935

I last saw her alive on JUNE 28, 1935 Death is said to have occurred on the date stated above, at 3.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
POST PARTUM ECLAMPSIA	6/25/35
BRONCHO PNEUMONIA	6/26/35

Other contributory causes of importance:

DENTAL CARIES	?
MITRIL STENOSIS	?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) David J. Krieger M. D.

(Address) 2623 E. Monument St

Attending Phys.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

G/13973 HEALTH DEPARTMENT—CITY OF BALTIMORE G/13973.

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. President Hospital St., 14 Ward)

Length of residence in city or town where death occurred Life yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Bowers

(a) Residence: No. 564 Presstman St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	S

5a. If married, widowed, or divorced
HUSBAND of —
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Nov 17-1933

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	7	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Mitchell Bowers

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Alice Rice

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mitchell Bowers
(Address) 564 Presstman St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Cem Date June 29 1935

19. UNDERTAKER Charles H. Bronstett
(Address) 6-28 Hanover St.

20. FILED . 19 1934 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 35 to June 28 1935
I last saw h alive on June 28 1935 Death is said to have occurred on the date stated above, at 8 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset June 27 1935

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis — was there an autopsy

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Leo Callen Coroner M. D.
(Address) 507 Cathedral St

OCCUPATION IS very important. See instructions on back of certificate.

M. D. P. 1268-9

✓ F 13974

B 0929 F 13974

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 16 Ward)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milder Carter

(a) Residence: No. 929 N. Mount St St., Ward. 7
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 8 1931

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child (colored)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Claybrook Carter

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Minnie Nutt

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemetery Date July 1 35, 19

19. UNDERTAKER Thos E. Kelson
(Address) 1303 Pressman St Huntington Station, N.Y.

20. FILED 19 Registrar.

N 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24. 1935. to June 28. 1935
I last saw her alive on June 28. 1935. Death is said to have occurred on the date stated above, at 12.45 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis. Miliary. Pulmonary. Meningitis!	about 1 month " " ? 2 days

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Lydia B Edwards M. D.
(Address) Johns Hopkins.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. H. 108-9

F 13975

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13975

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 837 W. Fairmount Ave. St., 18 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jones Robinson

(a) Residence: No. 837 W. Fairmount Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Not Known

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
Apperent	51 Yrs			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor do do

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Not Known

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Emma Street
(Address) 837 W. Fairmount ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt auburn Cemetery 6/29/35

19. UNDERTAKER William A. Jackson
(Address) 916 Penna Ave

JUN 29 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26, 1935 . 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 8.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Probably Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) T. K. Mackin M. D.

(Address) 2737 W. North ave

F 13976

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46E

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1829 Hope St., 9 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henrietta Caroline Gripp

If U. S. Veteran specify WAR none

(a) Residence: No. 1829 Hope St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas A Gripp

6. DATE OF BIRTH (month, day, year) Dec 7 - 1856

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	6	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME John T. Baumann

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Walter A Gripp
(Address) 1725 N Washington St

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Date June 29, 1935

19. UNDERTAKER John Welsh
(Address) 2009 Orleans Huntington Ave Baltimore, Md

... 19 ... Registrar.

JUN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2 1935 to June 26 1935

I last saw h[illegible] alive on June 26 1935. Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	3/2/35
Other contributory causes of importance: Metastasis to Lung	6/1/35

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) E. J. de Hall M. D.

(Address) 1631 E Monument Ave

OCCUPATION is very important. See instructions on back of certificate.

F 13977 ✓ F 13977

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

179

REGISTERED NO. F 13977

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 1619 W. Mulberry ST., 19 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.) X

2—FULL NAME John A. Wells

(a) RESIDENCE NO. 1619 W. Mulberry ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	Col.	Married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Betty Wells

6 DATE OF BIRTH (month, day, and year) 1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	42	6		

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer 0040

(b) General nature of industry, business, or establishment in which employed (or employer) Chemical

(c) Name of employer Baugh Chemical Co. N. C

9 BIRTHPLACE (city or town) (State or country)

PARENTS

10 NAME OF FATHER Isaac H. Wells

11 BIRTHPLACE OF FATHER (city or town) N. C (State or country)

12 MAIDEN NAME OF MOTHER Lizzie Williams Betty Rawles

13 BIRTHPLACE OF MOTHER (city or town) N. C (State or country)

14 Informant Betty Rawles (Address) 1619 Mulberry St

15 Filed 19 Registrar

UN 29 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) June 25, 1935

17 I HEREBY CERTIFY, That I attended deceased from June 24, 1935, to June 25, 1935, that I last saw h i m alive on June 25, 1935, and that death occurred, on the date stated above, at 7 30 p.m.

The CAUSE OF DEATH* was as follows:

Poisoning by inhalation of Acid fumes

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (Secondary) Congestion of Lungs (duration) yrs. mos. 1

18 Where was disease contracted if not at place of death? Baugh Chemical Co

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? —

(Signed) Douglas Sheppard M. D.

6-27, 1935 (Address) 1023 Myrtle Ave

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

UNDERTAKER Thomas E. Kelson

DATE OF BURIAL 6/30 1935

ADDRESS 1303 Pressman St

Important. See instructions on back of certificate.

F 13978 Freeger ✓ F 13978

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

153 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. Sta. 26 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR.
2. FULL NAME Emma Feeger
(a) Residence: No. 3219 Esther Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White.	Separated.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernard.

6. DATE OF BIRTH (month, day, year) 7/20/75.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59.	11	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER
13. NAME Edward Nelson
14. BIRTHPLACE (city or town) (State or country) Balto.

MOTHER
15. MAIDEN NAME Annie ?
16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Date 35
Mt. Carmel
19. UNDERTAKER Geo. J. Newton
(Address) 1000 Pennsylvania Ave Huntington Pl. Baltimore Md.

20. FILED 6/29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27. 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/25. 1935 to 6/27. 1935
I last saw her alive on 6/27 1935 Death is said to have occurred on the date stated above, at 3 35 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia from infected Bulla	3 days

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reiter M. D.
(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. F 1268-9

F 13979

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 13979

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial 901 E. Baltimore St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roy Terry

(a) Residence: No. 1702 Abbottston St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 15 1920

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
14	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Norfolk Va

MOTHER FATHER

13. NAME C T Terry

14. BIRTHPLACE (city or town) (State or country) Norfolk Va

15. MAIDEN NAME Alice Schuffield

16. BIRTHPLACE (city or town) (State or country) Greensboro N C

17. INFORMANT (Address) Alice Mantheg 1702 Abbottston St.

18. BURIAL, CREMATION OR REMOVAL Place Dallas Center Date 6/29/35, 19

19. UNDERTAKER (Address) Bernard L Finke 5135 Harford Road Huntingdon Hillcrest

29 1935 . 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to ..... 19 .....

I last saw h alive on June 27 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bullet wounds of head Self inflicted	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? Suicide Date of injury 6/27 1935

Where did injury occur? 1611 Homestead St
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Pistol Shot wounds in head

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C W Didenhover M. D.
Coroner

(Address)

CHARLES W. DIDENHOVER, M.D.

OCCUPATION is very important. See instructions on back of certificate.

Ceaser Brown

F 13980

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13980

CERTIFICATE OF DEATH 46-B

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 11 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Ceaser Brown — If U. S. Veteran specify WAR .....

(a) Residence: No. 100 ½ Linden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced — HUSBAND of (or) ~~WIFE~~ of: Florence Brown

6. DATE OF BIRTH (month, day, year): Jan 5 1906

7. AGE: Years: 29 | Months: 5 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ? 0040

10. Date deceased last worked at this occupation (month and year): ? | 11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: Emmett Brown

14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Martha Boles

16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT: Hospital Record
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. 6/29/35

19. UNDERTAKER: Bernard O'Grady
(Address) 808 Bond St. Huntington Williams, Md.

FILED 6 29 1935, 19.. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to June 26 1935

I last saw him alive on June 26 1935 Death is said to have occurred on the date stated above, at 4 p.m. 5 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Coma & Stomach Hemorrhage	3 /

Other contributory causes of importance: Bronchopneumonia

Was an operation performed? Yes Date of 6/18/35

For what disease or injury? Stomach

Name of operation? Exploratory Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Samuel A. Groff M. D.
(Address) Belt & Lee Sts.

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 13981

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13981

CERTIFICATE OF DEATH

✓ 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 728 Colorado Ave 27 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. Lyons

(a) Residence: No. 728 Colorado Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Irla C. Lyons

6. DATE OF BIRTH (month, day, year) Oct 21 1866

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	68	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U S. 1086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME John T. Lyons

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs. Irla C. Lyons
(Address) 728 Colorado Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date June 29. 1935

19. UNDERTAKER Philip Herwig Sons
(Address) 2014 Eutaw St

FILED June 29 1935, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 26. 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1 1935 to June 26 1935

I last saw him alive on June 26 1935 Death is said to have occurred on the date stated above, at 5-30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis ?	3/1/35
Tuberculosis of seminal vesicles, Abscess of Left Testicle	3/1/35

Other contributory causes of importance:

Name of operation Abscess incised Date of 3/1/35

What test confirmed diagnosis? Microscopic — Autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ..... 19.....

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) W. Gibson Porter M. D.

(Address) 4822 Roland Ave

MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13982

F 13982

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-f

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred about 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 60 yrs. ..... mos. ..... ds.

2. FULL NAME Mrs Julius Grunewald - Clara Mary Grunewald

(a) Residence: No. 3400 Taney Road City St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julius Grunewald

6. DATE OF BIRTH (month, day, year) Nov. 4, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	65	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dayton, Ohio

FATHER

13. NAME Ward Rothschild

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Rosalie Mehlidger

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr J Grunewald

(Address) 3400 Taney Road

18. BURIAL, CREMATION, OR REMOVAL Hebrew Friendship 6/30/ 1935

19. UNDERTAKER Ward Sondheim & Son

(Address) 1902 Eutaw Place

Huntington Williams, Md.

(Filing Date) JUN 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to June 28, 1935

I last saw her alive on June 28, 1935 Death is said to have occurred on the date stated above, at 10:05 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of head of pancreas	2 mo
Other contributory causes of importance:	

Was an operation performed? yes Date of 6-24-35

For what disease or injury? for above

Name of operation cholecystgastrostomy Date of 6-24-35

What test confirmed diagnosis? Was there an autopsy? Partial

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Henry M. Hanaman M. D.

(Address) Union Memorial Hospital

JUN 29 1935

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B. 1268-9

F 13983

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 13983

CERTIFICATE OF DEATH

✓ 46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Madison Ave. Ward) 13

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Gertie Johnson

(a) Residence: No. 2503 Madison Ave. Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 1, 1909

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	3	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Thomas Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Thomas Johnson

(Address) 2503 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. June 1 ... 1935

19. UNDERTAKER George F. A. Gibson

(Address) 1735 Pennsylvania Ave

19a. Embalmed ... Registered No. ...

JUN 29 1935 [illegible] Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935, to June 29, 1935

I last saw h.. w alive on June 27, 1935. Death is said to have occurred on the date stated above, at 2.30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	Oct 1934

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. Wilbur Fiery, M. D.

(Address) 128 Penna Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F. 13984 William Hener Wallace F 13984

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 107-W

CITY OF BALTIMORE: (No. ... St., 18 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Hayes Wallace — U. S. Veteran WAR

(a) Residence: No. 42 S Appleton St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male — 4. Color or Race: Colored — 5. Single, Married, Widowed, or Divorced (write the word): Separated

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Alice Wallace

6. DATE OF BIRTH (month, day, year): July 25, 1875

7. AGE: Years 59 — Months 11 — Days 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0040
10. Date deceased last worked at this occupation (month and year): 2
11. Total time (years) spent in this occupation: 2

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER
13. NAME: Nathan Wallace
14. BIRTHPLACE (city or town) (State or country): Md

MOTHER
15. MAIDEN NAME: Mary Jones
16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Mrs. Edwards

18. BURIAL, CREMATION, OR REMOVAL: Place Deales Island Md Date June 29 1935

19. UNDERTAKER (Address): Chas H Ward Marion Md

20. FILED ... Huntington Williams Registrar

N 29 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27 35

22. I HEREBY CERTIFY, That I attended deceased from March 22 1935 to June 27 1935. I last saw him alive on June 27 1935. Death is said to have occurred on the date stated above, at 10 pm.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostate Benign	?
Uremia - Pneumonia	6/4/35

Other contributory causes (importance):

Was an operation performed? Yes — Date of 6/5/35

For what disease or injury: Prostatectomy

Name of operation: Suprapubic — Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward H. Grant M. D.

(Address) Bells City Hospitals

Instructions: Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13985

F 13985

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals — Registered No. 53-E
CITY OF BALTIMORE: (No. ... St., 5 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.
If U. S Veteran specify WAR ...

2. FULL NAME Henry Hoff
(a) Residence: No. 1918 N. Chase St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 21, 1881

7. AGE — Years: 53 — Months: 8 — Days: 9 — If LESS than 1 day, hrs. or min.: ...

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grave digger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Cemetery
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Malta, md.

FATHER
13. NAME: John E. Hoff
14. BIRTHPLACE (city or town) (State or country): Switzerland

MOTHER
15. MAIDEN NAME: Mary Cohen
16. BIRTHPLACE (city or town) (State or country): Switzerland

17. INFORMANT (Address): Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
Place: Baltimore Cemetery Date: July 1 1935

19. UNDERTAKER: Henry Hoff Sons, Inc.
(Address) 1301 E. Eager St.

20. FILED: NOV 29 1935 — [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28 35

22. I HEREBY CERTIFY, That I attended deceased from March 24 35 to June 28 35
I last saw him alive on June 28 35 Death is said to have occurred on the date stated above, at 12 1/2 m. Sun

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Neck	?
	1
Other contributory causes of importance: Hemorrhage Secondary	Nov 1

Was an operation performed? No Date of ...
For what disease or injury? ...
Name of operation ... Date of ...
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No, specify ...

(Signature) Samuel H. Grant M. D.
(Address) Malta City, Hospitals

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

13986 F 13986

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

J 47-B

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospital (St.) (Ward)
Length of residence in city ... How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.
Registered No. ...
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2. FULL NAME Amos-i Goodard
If U. S. Veteran specify WAR ...

(a) Residence: No. 749 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): Jan 8th, 1899

7. AGE: Years 36 | Months 4 | Days 21 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Coal
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Atwell Guard
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: Kathleen Mense
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT: Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Winchester Va. Date 6/29, 1935

19. UNDERTAKER: Bernard C. Harlow
(Address) 121 E. 32nd St.

29 1935 Winchester Virginia

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1935 to 6-29, 1935
I last saw him alive on 6-29, 1935 Death is said to have occurred on the date stated above, at 7:50 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Bronchogenic Carcinoma
Secondary Involvement of Vertebrae
2nd Spinal Column pathological

Other contributory causes of importance:

Was an operation performed? No Date of ...
For what disease or injury? None
Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of Injury ...
Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify ...

(Signed) Robert J. Reiter, M. D.
(Address) Balto City Hosp

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. B 1268-9

E 13987

HEALTH DEPARTMENT—CITY OF BALTIMORE

13987

CERTIFICATE OF DEATH

✓ 210-M

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph's Hospital, 15 Ward)

Length of residence in city or town where death occurred 67 yrs. 10 mos. 23 ds. How long in U. S. If of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Florence E. Ballard

(a) Residence: No. 2343 W. North Avenue, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) Aug. 4, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Frederick Ballard

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Dolan

16. BIRTHPLACE (city or town) (State or country) --------- New York

17. INFORMANT Mrs. Edna M. Cugle

(Address) 1933 Park Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date 7/1 1935

19. UNDERTAKER Henry H. Mears & Son

(Address) 805 N. Calvert St

20. FILED 6/30/1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/35

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw deceased on 6/29/35 19 ... Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	6/24/35
Cerebral Concussion	6/23/35
Multiple abrasions of body & left leg	

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/23 19 35

Where did injury occur? Phila Road
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place. Highway

How injury occurred Struck by car in auto collision

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Hatton Hanley M. D.
Coroner

(Address) 5 72 Park Ave

PT was a World War Veteran.

M. D. B. 1268-0

13988

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 179 F, 13988.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hosp. St., 7 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Israel Goldberg.

non Comm officer Sergt Co. C. World War 29 Inf

(a) Residence: No. 508 N Broadway St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Department

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Max Goldberg

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Jennie Weintraub

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Goldberg

(Address) 508 N Broadway

18. BURIAL, CREMATION, OR REMOVAL Hebrew Southern ave Date June 30 1935

19. UNDERTAKER Sol Levinson Bros

(Address) 1127 E Balto st

JUN 30 1935

Huntington Williams, M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1935 to June 28 1935

I last saw him alive on June 28 1935. Death is said to have occurred on the date stated above, at 1 PM m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia Typ[illegible]	
Intoxication	
Bronchopneumonia Type unknown	
Other contributory causes of importance:	
Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Henry B. Makover M. D.

(Address) Sinai Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

13989

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 13989

CERTIFICATE OF DEATH

52

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1441 N. Fulton Ave 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Clinton L. Ewing

If U. S. Veteran specify WAR. No Record

(a) Residence: No. 1441 N. Fulton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~ Married, ~~Widowed~~, or ~~Divorced~~ (write the word): Married

5a. If married, ~~widowed, or divorced~~ HUSBAND of ~~(or WIFE of)~~ Bertha D. Ewing

6. DATE OF BIRTH (month, day, year) Mar 16th 1875

7. AGE: Years 60 | Months 3 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 8 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Mary Ewing

14. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER

15. MAIDEN NAME: Annie Little

16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT (Address): Bertha Ewing 1441 N. Fulton Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Date: July 1st 1935

19. UNDERTAKER (Address): Wm Cook 1217 St Paul St

FILED: Huntington Williams Registrar

JUL 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 24 to June 28 1935

I last saw him alive on June 27 1935. Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Epithelioma of face. — 1 yr. — Date of onset: Brain

Other contributory causes of importance: Pneumonia (Hypostatic) — Lobular — Lung

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) G. L. Ewing M. D.

(Address) 1441 N. Fulton Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 13990

HEALTH DEPARTMENT—CITY OF BALTI

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals 24 Ward)

Register (If a hospi give its NAME of street and numbe

Length of residence in city or town where death occurred 20 yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos.

2. FULL NAME William A. Grimes

U. S. Veteran (Yes)

Specify War

(a) Residence: No. 1504 Battery Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of x

6. DATE OF BIRTH (month, day, year) Feb 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sobrer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H D Caufield Bldg

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cumberland Maryland.

FATHER

13. NAME James L

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Adelaide Daysolt

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Sarah A Yager

(Address) 1504 Battery Ave

18. BURIAL, CREMATION, OR REMOVAL Mt Hebron Cemetery

Place West Friendship, Md Date July 1st 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

30 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h alive on ..., 19... Death is said to have occurred on the date stated above, at 5:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia coma	
Other contributory causes of importance: Chronic nephritis (Pellagra)	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright M. D.
Coroner

(Address) 1614 S. Ellwood Ave.

OCCUPATION is very important. See instructions on back of certificate. Exact statement

13991 HEALTH DEPARTMENT—CITY OF BALTIMORE 13991

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Andrew Summer

If U. S. Veteran specify WAR

(a) Residence: No. 2545 Fleet St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cigar Maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Geo Schaefer & Co

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Andrew Summer

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Annie Rosenmuller

16. BIRTHPLACE (city or town) (State or country) Balto.

17. INFORMANT Sister Mrs Rye wife (Address) 28 S. Carey St

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 1st 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul St

20. FILED JUN 30 1935 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1935 to 6/28 1935

I last saw him alive on 6/28 1935 Death is said to have occurred on the date stated above, at 2.50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4 days
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 43992

13992

CERTIFICATE OF DEATH

Registered No. 186a

1. PLACE OF DEATH St Agnes Hospital ✓ (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizebeth Allen ... If U. S. Veteran, Specify War ...

(a) Residence: No. 2106 Boyd, St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Laurence W. Allen

6. DATE OF BIRTH (month, day, year) Feb 14th 1854

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
81	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) " "

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Edgar D Bruchy (Address) 2106 Boyd St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Olivet Date July 1st, 1935

19. UNDERTAKER Wm Cook (Address) 1217 St Paul st

20. FILED 1935 Huntington Williams Registrar

JUL 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28th, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h alive on ... 19... Death is said to have occurred on the date stated above, at 4 A.M.

The principal cause of death and related causes of importance were as follows:

Fractured Left hip fractured by Hypostatic Pneumonia — Date of onset 6/27/35

Other contributory causes of importance:

Name of operation Fracture of Hip Date of ...

What test confirmed diagnosis: ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? accident Date of injury ... 19...

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place home

Manner of injury Fractured L. Hip

Nature of injury " "

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Jno H Phillips M. D. Coroner

(Address) 1739 Edmondson Ave

M. D. F. 1268-9

F 13993

HEALTH DEPARTMENT—CITY OF BALTIMORE

13993

CERTIFICATE OF DEATH

115-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Memorial Hosp. St., 17 Ward)

Length of residence in city or town where death occurred 61 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Jas Stephen Donohue

(a) Residence: No. 411 E. 22nd St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, ~~Married~~ ~~Widowed~~ or ~~Divorced~~ (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): August 2nd 1874

7. AGE: Years 61 | Months 10 | Days 26 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer and

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Real Estate

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Stephens Donahue

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Annie Stephens

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Lorette Donahue

(Address) 411 E 22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place: Mo Cathedral Date: July 1st 1935

19. UNDERTAKER: Henry W Jenkins & Sons

(Address) Cathedral & Mulberry Sts

JUL 30 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Agranulocytic Angina	

Other contributory causes of importance: Streptococcic Cellulitis 1 day

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Chas W. Dibenhoven M. D. Coroner

(Address) Coroner

CHARLES W. DIBENHOVEN, M.D.

OCCUPATION is very important. See instructions on back of certificate. Exact statement of

M. D. P. 1268-9

F 13994

13994

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

1. PLACE OF DEATH 2117 Walbrook Ave

CITY OF BALTIMORE: (No. 2117 Walbrook Ave St., 13 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 20 yrs. mos. ds.

2. FULL NAME Jane Bennett

(a) Residence No. 2117 Walbrook Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 12 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	3	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Personal attendant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private home

10. Date deceased last worked at this occupation (month and year) Jan 1935

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) London England

FATHER

13. NAME Joseph Bennett

14. BIRTHPLACE (city or town) (State or country) London England

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mr F. K. Murray

(Address) 219 W. Lafayette ave. Balto Md

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7-1-1935

19. UNDERTAKER Henry W. Justice & Sons

(Address) 1 Eutaw Place Baltimore Md

20. FILED Huntington Williams, Registrar

JUN 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to June 28, 1935

I last saw her alive on June 28, 1935. Death is said to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Breast	
& General Metastasis	1 yr
Other contributory causes of importance:	
Myocardial Insuff	2 mo

Name of operation Radical Breast Date of Feb 1935

What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B B Baumbaugh M. D.

(Address) Elkridge Md

OCCUPATION is very important. See instructions on back of certificate.

Exact statement of cause of DEATH in plain terms, so that it may be properly classified.

P. 3

M. D. B. 1268-9

F 13995

13995

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1305 Ashland Ave 40 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wellington Johnson

(a) Residence: No. 305 Ashland Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): Aug 14 1908

7. AGE: Years 26 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Hezekiah Wheeler

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Arnetta Johnson

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT (Address): Annie Johnson (Grandmother) 1305 Ashland Ave

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Calvary Date 6/30 . 1935

19. UNDERTAKER (Address): Robert L. Young 804 N. Caroline St. Huntington Building

[illegible] Registrar.

JUN 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 27 . 1935

22. I HEREBY CERTIFY, That I attended deceased from April . 1935 . to June 27 . 1935

I last saw him alive on June 26 . 1935 Death is said to have occurred on the date stated above, at 9:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Hemmorrhage due to Phthisis.	June 24 1935
Other contributory causes of importance: Pleurisy & Effusion Phthisis	April 1935

Name of operation none Date of

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) R. L. Young M. D.

(Address) 1744 Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 13996

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2304 Evergreen Ave St. 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Fannie S Kirwan

(a) Residence: No. 2304 Evergreen Ave St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry D. Kirwan

6. DATE OF BIRTH (month, day, year) Feb 14-1904

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
31	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

FATHER

13. NAME George C Ingman

14. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

MOTHER

15. MAIDEN NAME Laura Delcher

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md.

17. INFORMANT Harry D Kirwan
(Address) 2304 Evergreen ave

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem Date July 1st 1935

19. UNDERTAKER C. Butler & Son
(Address) 2334 Jefferson St

Huntington Williams, Mgr

JUN 30 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb . 1932. to June 28 . 1935. I last saw him alive on June 28 . 1935. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	June 28

Other contributory causes of importance:

Lupus Erythematosus Myocarditis

Was an operation performed? yes Date of July 9-34

For what disease or injury? .....

Name of operation Appendectomy Date of 7.11.34

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Wm B Lemmon, M. D.

(Address) 718 N Pulaski St

OCCUPATION is very important. See instructions on back of certificate.

Spec—12-23-21—E.B.R.S.—400 Bks.

✓ F 13997

13997

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

93-C

Registered No.

1-PLACE OF DEATH

City of BALTIMORE: (No. 5507 Bosworth Ave 28 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME. James Edward Armstrong

(a) Residence No. 5507 Bosworth Ave. Ward

(Usual place of abode) (If non resident give city or town and State)

Length of residence in city or town where death occurred 85 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-Single, Married, Widowed, or Divorced. (Write the word.) Widower

5a-If married, widowed, or divorced HUSBAND of (or) W[illegible] Georgiann Coleman

6-DATE OF BIRTH (month, day and year) Feb. 13, 1850

7-AGE. 85 yrs. 4 mos. 16 ds. If LESS than 1 day, ...hrs. or....min.?

8-OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Builder & Contractor

(b) General nature of industry, business, or establishment in which employed (or employer). as above 916

(c) Name of employer. self

9-BIRTHPLACE (city or town). (State or Country). Baltimore City

PARENTS.

10-NAME OF FATHER. James A. Armstrong

11-BIRTHPLACE OF FATHER (city or town). (State or Country). Md.

12-MAIDEN NAME OF MOTHER. Ethelinda Hayes

13-BIRTHPLACE OF MOTHER (city or town). (State or Country). Md.

14- (Informant) Miss Coleman

(Address) 3507. Bosworth ave

15- Filed. Huntington Williams Registrar

N 30 1935

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH (month, day and year). June 28/35

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1935 to June 28, 1935.

that I last saw h[illegible] alive on June 28, 1935.

and that death occurred, on the date stated above, at 3.20 PM

The CAUSE OF DEATH* was as follows:

Myocarditis

several Years (Duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(Duration) yrs. mos. ds.

18-Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. F. Corbella M. D.

, 19 (Address) 335 E. 31st St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19-PLACE OF BURIAL, CREMATION OR REMOVAL. London Park

DATE OF BURIAL. July 2, 1935

20-UNDERTAKER. Geo. L Boyer Jr

ADDRESS 1514 Pulaski St

Should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. B. B. 1268-9

13998 E 13998

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St. Belvedere 15 Ward)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Benjamin Farb

(a) Residence: No. 3307 Carlisle Av St., ... Ward. Balto.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Goldie Farb

6. DATE OF BIRTH (month, day, year) 1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ladies

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Samuel Farb

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Rachel Leah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs Goldie Farb
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Southern Ave Date June 30 1935

19. UNDERTAKER Sol Levinson + Bro
(Address) 1172 E Balto St

FILED 6 30 1935 Huntington Wilson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-21-35, 19..., to 6-30, 1935.

I last saw him alive on 6-30, 19 35 Death is said to have occurred on the date stated above, at 6:45A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchogenic carcinoma of lung; cachexia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. L. Grosoff, M. D.

(Address) Sinai Hospital

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 13999

13999 48

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-152

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 3 Ward)

Length of residence in city or town where death occurred: lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Gertrude Butler

(a) Residence: No. 1422 E Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8-7-08

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W. 070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Frank Butler

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cora Johnson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date June 30 1935

19. UNDERTAKER Mrs Bertha Butler Haughton
(Address) 1422 Lombard St

Filed JUN 30 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27 1935

22. I HEREBY CERTIFY, That I attended deceased from May-8 1935 to June 27 1935

I last saw her alive on June 27 1935 Death is said to have occurred on the date stated above, at 7.10 A m.

The principal cause of death and related causes of importance were as follows:

1) Septicemia - due to B. Coli — Date of onset 4/1/35
2) multiple abscess due to primary infection from negative non motile rod — 5/1/35
3) abscess in lung, liver, spleen, pericardium & pleura.

Other contributory causes of importance:
syphilis - Wassermann

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Carmichael Filgman M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

14000 E 14000

CERTIFICATE OF DEATH

165 Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3101 Clifton ave St., 45 Ward)

Length of residence in city or town where death occurred 66 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Clara Jane Williams

(a) Residence: No. 3101 Clifton ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Abraham L. Williams

6. DATE OF BIRTH (month, day, year): March 19 1869

7. AGE: Years 66 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Near Westminster Carroll Co. Md.

FATHER

13. NAME: Daniel Murdock
14. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

MOTHER

15. MAIDEN NAME: Clara Jane Murdock
16. BIRTHPLACE (city or town) (State or country): Carroll Co Md.

17. INFORMANT (Address): Evelein L. Williams 3101 Clifton ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Bands church Date: July 1 1935

19. UNDERTAKER (Address): Franklin W. Peters 701 W. 36th St.

20. FILED: JUL 1 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at about 4 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging

Date of onset

Other contributory causes of importance:

Nervous condition

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) ... Coroner M. D.

(Address) 216 Hanover

OCCUPATION is very important. See instructions on back of certificate. Exact statement of MAKE CAUSE OF DEATH in plain terms, so that it may be properly classified.

M. D. P. 1268-9

F. 14001

F. 14001 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp. St., 13 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Howard Milton Grosa

(a) Residence: No. 2523 Madison Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Sadie

6. DATE OF BIRTH (month, day, year): Sept. 12-1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Teacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 20 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Daniel Grosa

14. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

15. MAIDEN NAME: Sadie Elder

16. BIRTHPLACE (city or town) (State or country): Balto. Md.

17. INFORMANT (Address): Sadie Grosa 2523 Madison

18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Date 6/30/35

19. UNDERTAKER (Address): Mrs. Geo. W. Holland 1631 Druid Hill Ave

20. FILED Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 26, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935 to June 26, 1935

I last saw h[illegible] alive on June 26, 1935. Death is said to have occurred on the date stated above, at 11:35 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Renal Vascular disease	[illegible]

Other contributory causes of importance:

Hemiplegia

Name of operation: Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Bernard Hamm, M. D.

(Address) 1307 N Caroline St.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

14002

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 F 14002

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp St., 17 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Garrett

(a) Residence: No. 520 W Biddle St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Garrett

6. DATE OF BIRTH (month, day, year) June 30 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	11	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Apartments

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME —

14. BIRTHPLACE (city or town) (State or country) —

MOTHER

15. MAIDEN NAME —

16. BIRTHPLACE (city or town) (State or country) —

17. INFORMANT Mary Garrett

(Address) 520 W. Biddle St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 6/30/35 19

19. UNDERTAKER Mrs. George F. Kolb

(Address) 1031 Park Avenue

Filed JUN 30 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-26 1935 to 6-26 1935

I last saw h[illegible] alive on 6-26 1935 Death is said to have occurred on the date stated above, at 1.50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	June 26 35
Cerebral Hemorrhage	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Was there an aut[illegible] No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. F. Allen Coroner M. D.

(Address) 520 W Lexington St

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14003

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 11 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joseph Washington

If U. S. Veteran specify WAR .....

(a) Residence: No. 947 Druid Hill ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise Washington

6. DATE OF BIRTH (month, day, year) March 2, 1907

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dish washer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) South Carolina

FATHER

13. NAME William Washington

14. BIRTHPLACE (city or town) (State or country) South Carolina

MOTHER

15. MAIDEN NAME Mary Ridgeway

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/1/35 19

19. UNDERTAKER Mrs George H. Holland
(Address) 163 Druid Hill Ave

Filed JUN 30 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1935 to June 28, 1935

I last saw him alive on June 28, 1935. Death is said to have occurred on the date stated above, at 9.30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	March 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlgin, M. D.
(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

14004

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14004

CERTIFICATE OF DEATH

167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 3609 Fairview ave (Ward) 16

Length of residence in city or town where death occurred 57 yrs. .... mos. .... ds. How long in U. S. If of foreign birth? 57 yrs. .... mos. .... ds.

2. FULL NAME Samuel M. Carnel

(a) Residence: No. 3609 Fairview ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of Fannie

6. DATE OF BIRTH (month, day, year) Dec 1877

7. AGE Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
57	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Re Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Jacob Carnel

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Bella Cohen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Charles Carnel

(Address) 3518 Reisterstown Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Levering Burial Date 6/30/35 19

19. UNDERTAKER Jack Levy Co

(Address) 1439 E. Baltimore St

20. FILED Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19.....

I last saw h.... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 5.10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by Shooting Self with pistol	

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C Ham Coroner, M. D.

(Address) 125 Fairmount

WRITE LEGIBLY, with pen and ink. All items must be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UN 30 1935

14005

HEALTH DEPARTMENT—CITY OF BALTIMORE

14005

CERTIFICATE OF DEATH

91-a

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mon. ds.

2. FULL NAME Phillip Cohn

If U. S. Veteran specify WAR

(a) Residence: No. 1127 W. Baltimore St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Jennette

6. DATE OF BIRTH (month, day, year): 5-1-1907

7. AGE: Years 28 | Months 1 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dress Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Wolf Cohn

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Rachael

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Wolf Cohn 1832 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Mark Rd Date: 6/30/35

19. UNDERTAKER (Address): Joseph Lemmon Sons 1437 E. Balto St

FILED JUN 30 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1935 to June 30, 1935

I last saw him alive on June 30, 1935. Death is said to have occurred on the date stated above, at 4:32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cardiac dilatation	6-30
Pulmonary Edema	6-30

Other contributory causes of importance:

Bacterial Endocarditis, Subacute ?

Was an operation performed? NO Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Blood Cultures Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Charles A Cooley Jr. M. D.

(Address) Union Memorial Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14006

14006 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital — Registered No. .....
CITY OF BALTIMORE: (No. Tuberculosis Division St., 21 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. 9 mos. 4 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Morris Scott — If U. S. Veteran specify WAR .....

(a) Residence: No. 609 Scott st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept. 25, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	9	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (odd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Scott

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Kearney

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, RECEIVING VAULT OR REMOVAL
Place Loudon Park Date July 2 1935

19. UNDERTAKER Towell & Byers
(Address) 1017 W Cross St

20. FILED JUN 30 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 8, 1935 to June 29, 1935

I last saw h. im alive on June 29, 1935 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Dec. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlyn, M. D.
(Address) Baltimore City Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14007

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. F 14007

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 200 N. MONASTERY AVE St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME SAMUEL COOPERMAN

(a) Residence: No. 200 N. MONASTERY AVE St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	WIDOWED

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of BESSIE —

6. DATE OF BIRTH (month, day, year) 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) RUSSIA

FATHER

13. NAME ELLIS COOPERMAN

14. BIRTHPLACE (city or town) (State or country) RUSSIA

MOTHER

15. MAIDEN NAME EDITH —

16. BIRTHPLACE (city or town) (State or country) RUSSIA

17. INFORMANT FRANK COOPERMAN (SON)
(Address) 200 N. MONASTERY AVE.,

18. BURIAL, CREMATION OR REMOVAL
Place Lehew Rosedale Date 6-30-35 19

19. UNDERTAKER JACK LEWIS, INC
(Address) 1196 E. Baltimore St.,

Filed JUN 30 1935 Registrar.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN shall state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30- 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to June 30 1935

I last saw him alive on June 30, 1935 Death is said to have occurred on the date stated above, at 7 A. m.

The principal cause of death and related causes of importance were as follows: Acute Cardiac Dilation — Date of onset

Other contributory causes of importance: Arterio Sclerosis. Mitral Stenosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

M. Schuderoff M. D.
(Signed)
(Address) 2225 Linden Ave

M. D. B. 1268-9

F 14008

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2412 Arlington Ave St. 27 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William L. Gonce Sr.

(a) Residence: No. 2412 Arlington Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
W.	Male	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Beatrice

6. DATE OF BIRTH (month, day, year) 1/15-1857

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
78	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Baggage Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Union Transfer Co.

10. Date deceased last worked at this occupation (month and year) 6086

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME John T. Gonce

14. BIRTHPLACE (city or town) Unknown (State or country)

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Grace E. Willis

(Address) 2412 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Memorial Date 7/1 1935

19. UNDERTAKER Leonard J. Cook

(Address) 5202 Reisterstown Rd.

Huntington Williams, Inc. Funeral Director

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27/35 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22 19 35 to 6/27/35 19

I last saw h... alive on June 27 19 35 Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset

Left Hemiplegia

Other contributory causes of importance:

Arterio sclerosis

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ... 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? — If so, specify.

(Signed) Chas. E. Gonce M. D.

(Address) 4706 Hampden Rd

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

JUN 30 1935

F 14009 F 14009

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51-B

1. PLACE OF DEATH Maryland General Hospital Registered No.

CITY OF BALTIMORE: (No. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 4 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Harry Snyder

(a) Residence: No. 1911 E 31st St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 19, 1872

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	1	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furniture

10. Date deceased last worked at this occupation (month, year) 1933

11. Total time (years) spent in this occupation 28

12. BIRTHPLACE (city or town) (State or country) Pennsylvania

FATHER

13. NAME John F. Snyder

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Julia Small

16. BIRTHPLACE (city or town) (State or country) N. Y.

17. INFORMANT Hospital records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

London Park Crematorium Date July 1st 1935

19. UNDERTAKER Wm Cook

(Address) 217 St Paul St

FILED JUL 1 1935 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18 1935 to June 30 1935

I last saw him alive on June 30 1935 Death is said to have occurred on the date stated above, at 7.25 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of bladder	

Other contributory causes of importance: Bilateral hydronephrosis

Was an operation performed? No Date of —

For what disease or injury?

Name of operation — Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(If so, specify)

(Signed) John W Barnaby M. D.

(Address) Maryland General Hosp

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A LEGAL RECORD. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 2068-o

E 14010

HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14010

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. 1614 Church St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5yrs 5 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Arnold J Markale

(a) Residence: No. 1614 Church St St., Curtis Bay Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 18 1921

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	6	10 1/2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Louis F Markale

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Anna J Smith

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Louis F Markale

(Address) 1614 Church St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a.a.c. Date 7/1 1935

19. UNDERTAKER C. D. Fanning & Son

(Address) 1938 E. Lafayette ave.

20. FILED JUL 1 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h alive on June 28 1935 Death is said to have occurred on the date stated above, at 4:12 a m

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Internal Brain Hemorrhage	June 28

Other contributory causes of importance:

1. Fracture of Skull

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 28 1935

Where did injury occur? On Church St

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public (street)

Manner of injury Pedestrian struck by auto

Nature of injury Fracture Skull

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Isaac H Phillips Coroner M. D.

(Address) 1939 E. Monument St

N. B.—WRITE PLAINLY, WITH UNFADING INK. THE INFORMATION REQUIRED IN THIS CERTIFICATE IS NECESSARY FOR LEGAL AND STATISTICAL PURPOSES. Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-10-35—MA 14011 F 14011

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH. √131

REGISTERED NO. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 313-W-Hoffman ST., 11 WARD)

2-FULL NAME William H Tyson

(a) RESIDENCE NO. 313-W-Hoffman ST., ... WARD
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) 1864

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Day Laborer odd

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md

PARENTS

10 NAME OF FATHER unk

11 BIRTHPLACE OF FATHER (city or town) (State or country) unk

12 MAIDEN NAME OF MOTHER unk

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

14 Informant William Tyson Jr. (Address) 313 W. Hoffman St.

15 Filed JUL 1 - 1935, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-28-1935

17 I HEREBY CERTIFY, That I attended deceased from 5/10, 1935, to 6-28-, 1935,
that I last saw h alive on 6-27, 1935,
and that death occurred, on the date stated above, at 4 30 a m.

The CAUSE OF DEATH* was as follows:

Terminal Bronchopneumonia

Cardio-vascular renal disease (duration) yrs. 2 mos ds.

CONTRIBUTORY (Secondary)
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? .....
Did an operation precede death? no Date of
Was there an autopsy? no.
What test confirmed diagnosis? Clinical

(Signed) H. C. Jackson M. D.
6/30 1935 (Address) 600-n-Arlington Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Auburn Cemetery DATE OF BURIAL July 1st 1935

20 UNDERTAKER Archibald A. Geddes ADDRESS 2101 McCulloh St.

MARGIN RESERVED FOR BINDING

B—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

14012

HEALTH DEPARTMENT—CITY OF BALTIMORE

14012

CERTIFICATE OF DEATH

186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 E. Biddle St., 10 Ward)

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ellen Casserley

(a) Residence: No. 725 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Casserley

6. DATE OF BIRTH (month, day, year) Mar. 23, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Worked at Home

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) (State or country) Ellicott City Md

FATHER

13. NAME Bernard Flatbley

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Gorman

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT James Casserly

(Address) 725 E. Biddle St.

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cemetery July 2, 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 924 E. Eager St.

20. FILED JUL 1 - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19__, to _____, 19__

I last saw h__ alive on _____, 19__. Death is said to have occurred on the date stated above, at 7.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lacerated Scalp Cerebral Concussion Fracture of 8th + 9th ribs (Left)	3 days
Other contributory causes of importance:	
Pulmonary Embolism	

Name of operation _____ Date of _____

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Accident Date of injury June 26, 1935

Where did injury occur? 725 E. Biddle St. - Balto., Md.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fall down steps

Nature of injury Fractured 8th + 9th ribs (Left)

24. Was disease or injury in any way related to occupation of deceased? No

If so specify _____

(Signed) Paul Wheeler, M. D. Coroner

(Address) 1918 E. North Ave

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14013

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14013

CERTIFICATE OF DEATH

82-a

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 143 Willard St. St. 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Christina Burr

(a) Residence: No. 143 Willard St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Late Bernhardt Burr

6. DATE OF BIRTH (month, day, year) Oct. 21, 1848.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
86	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Siller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. John Bensel

(Address) 143 Willard St.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Date July 1, 1935.

19. UNDERTAKER Harry F. Metz

(Address) 1101 Edmondson Ave.

JUL 1 - 1935 Registered

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 , 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21 , 1935 to June 28 , 1935

I last saw h. alive on June 25 , 1935 . Death is said to have occurred on the date stated above, at 11a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pleuro Pneumonia	6/21/35
Other contributory causes of importance: Hypostatic Congestion	6/21/35

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard Kalen M. D.

(Address) 2027 W Fort St

M. D. H. 1268-9

F 14014

F 14014

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 3901 Forest Park St. 15 Ward)

Length of residence in city or town where death occurred Life time How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa B. Copeland

(a) Residence: No. 3901 Forest Park St Ave Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Marcus Copeland

6. DATE OF BIRTH (month, day, year) Nov 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Wm. Baumgarten

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Betsy Bamberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. M. Copeland

(Address) 3901 Forest Park Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Hebrew Date July 1, 1935

19. UNDERTAKER David Sandrow & Son

(Address) 1902 Eutaw Place

20. FILED JUL 1 - 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

I last saw h... alive on [illegible], 19... Death is said to have occurred on the date stated above, at 1.15 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance: Arteriosclerosis & High tension	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Natural Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Ham Coroner, M. D.

(Address) 1215 Hanover

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14015

F 14015

HEALTH DEPARTMENT—CITY OF BALTIMORE

V 82B

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 625 St. Johns Rd St. 27 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Margaret Bagley
If U. S. Veteran specify WAR

(a) Residence: No. 309 Somerset Rd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (Write the word): Widow
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel N. Bagley
6. DATE OF BIRTH (month, day, year): Feb. 26, 1847
7. AGE: Years 88 | Months 4 | Days 4 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Trenton. Ohio.

FATHER
13. NAME: Geo. Coffman
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (city or town) (State or country): Unknown

17. INFORMANT: Mr. Donald F. Bagley
(Address) 309 Somerset Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place: Trenton Ma. Date: July 1 1935

19. UNDERTAKER: Wm. Fletcher Sons
(Address) Myrtle & Fulton Aves
Fr. Euston Williams Asst.
Registrar

20. FILED JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to June 30 1935
I last saw her alive on June 29 1935. Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	6/6/35
Senile Dementia Yrs. 5	1933
Cerebral Arteriosclerosis	

Other contributory causes of importance

Was an operation performed? — Date of
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If yes, specify

(Signed) H. Gibson Porter, M. D.
(Address) 4522 Roland Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14016

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14016

46-II

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt. St. 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Henry Haupt

If U. S. Veteran specify WAR .....

(a) Residence: No. 2134 Friedrich St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Aug 1 1874

7. AGE: Years 60 | Months 10 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet metal worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year): [illegible]

11. Total time (years) spent in this occupation: [illegible]

12. BIRTHPLACE (city or town) (State or country): Baltimore, Md.

FATHER

13. NAME: John Haupt

14. BIRTHPLACE (State or country): Germany

MOTHER

15. MAIDEN NAME: Gertrude Hafer

16. BIRTHPLACE (State or country): Germany

17. INFORMANT (Address): Balto City Hospt. Resident

18. BURIAL, CREMATION, OR REMOVAL. Place: Loudon Park Date: July 1, 1935

19. UNDERTAKER (Address): Wm. Fletcher Sons Norris & Paves Washington Avenue

20. FILED JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-21, 1934 to 6-29, 1935

I last saw him alive on 6-28, 1935 Death is said to have occurred on the date stated above, at 7:45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	?
Metastatic Carcinoma of Liver and Lungs	

Other contributory causes of importance: .....

Was an operation performed? yes Date of April 1934

For what disease or injury? Carcinoma of Rectum

Name of operation Colostomy Date of Apr. 1934

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt J. Martin M. D.

(Address) Balto. City Hospt.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. [illegible]-14017

F 14017

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 46-D

1. PLACE OF DEATH Mercy Hospital

CITY OF BALTIMORE: (No.) St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Vincent Smrowek

(a) Residence: No. 1913 Clifton Ave St.

(Usual place of abode) Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced (or) WIFE of Anton Smrowek

6. DATE OF BIRTH (month, day, year) 4/23/1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
54	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME James Gilchrist

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Cecilia Flanagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 2, 1935

19. UNDERTAKER Wm. A. Pickney & Sons

(Address) 1 E. Lafayette

20. FILED [illegible] Huntington Williams, M.D.

Registrar

JUL 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/14/35, 19 to 6/29/35, 19

I last saw her alive on 6/29/35, 19 Death is said to have occurred on the date stated above, at 10 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rectum	
P.O. Hemorrhage from Rectum	6/29/35
Other contributory causes of importance: Chronic Gall Bladder disease	8 yrs.

Name of operation Exploratory & Colostomy Date of 6/22/35

What test confirmed diagnosis? Microscopic Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Raymond F. Kepford, M. D.

(Address) Mercy Hospital

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Any item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14018 F 14018

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4219 Wickford Rd. St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary F. Fluharty

If U. S. Veteran specify WAR .....

(a) Residence: No. 4219 Wickford Rd. St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — BUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) June 7, 1865

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
70	--	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. G.O.P.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Thomas J. Fluharty

14. BIRTHPLACE (city or town) (State or country) Cambrdige, Md.

MOTHER

15. MAIDEN NAME Frances Mann

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Bessie T. Mc Neal

(Address) 4219 Wickford Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 7/1/35 19

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

20. FILED JUL 1 1935 19 Huntington Williams, Reg

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/35 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 35

I last saw her alive on ... 1935 Death is said to have occurred on the date stated above, at 9 p.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage into Medulla 1 day

Interstial Hemorrhages May 17 to June 25-1935

Other contributory causes of importance:

Senile Arterio-Sclerosis

over

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. Gibson Porter M. D.

(Address) 4822 Roland Ave

N. B.—WRITE PLAINLY, WITH LEAD PENCIL OR PEN AND INK. PHYSICIANS should information should be carefully supplied. AGE should be stated EXACTLY. state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14019

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14019

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Cedar Croft Rd. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Frances C.C. Hewes

(a) Residence: No. 407 Cedar Croft Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Hewes

6. DATE OF BIRTH (month, day, year) June 4, 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77	--	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Jos. Cushing

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Ella Whitman

16. BIRTHPLACE (city or town) (State or country) Phila. Pa.

17. INFORMANT Frances C. Hewes

(Address) 407 Cedar Croft Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Cem. Date 7/1/35, 19

19. UNDERTAKER John D. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED Huntington Williams, M.D.

JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May 5th, 1935, to June 28th, 1935

I last saw her alive on June 28th, 1935 Death is said to have occurred on the date stated above, at 3" p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 31-35
Other contributory causes of importance: Chronic Myocarditis	-years

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Personal observation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No.

(Signed) Wm. Conrad Bode, M. D.

(Address) 1900 Maryland Ave.

N. B.—WRITE PLAINLY, WITH UNFADING INK. All information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. R. 1749 F 14020

30104 F 14020

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 119

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joan Bovato

(a) Residence: No. 225 S Broadway St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 11/30/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6 7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos. Bovato

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Margaret Rose

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records JOHNS HOPKINS HOSPITAL (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Date July 2 1935

19. UNDERTAKER Filippo Zuccarini (Address) 403 S Broadway

20. FILED 1935 Registrar

JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27. 1935 to June 29. 1935

I last saw her alive on June 29. 1935 Death is said to have occurred on the date stated above, at 2:25 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and enteritis	6-24-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Irene D. Schwatka M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-5 F 14021

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14021

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1306 W. 7th St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mildred Wadsworth Elseman

(a) Residence: No. 1306 W. 7th St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elmer Elseman

6. DATE OF BIRTH (month, day, year) June 12 - 1905

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	30		12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME James Wadsworth

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Annie Bayne

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Elmer Elseman

(Address) 1306 W. 7th St.

18. BURIAL, CREMATION, OR REMOVAL

Place Sater's Cemetery Date July - 1935

19. UNDERTAKER Lilly & Bailey Bros.

(Address) 733 N. Wolfe St.

20. FILED JUL 1 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 - 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5:20 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?

Other contributory causes of importance:

Acute Cardiac Decompensation	6/29/35

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) C. W. Diefenderfer, M. D. Coroner

(Address) Roosevelt

Use state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14022

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14022

CERTIFICATE OF DEATH

XV 93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Josephs Hospital St., 9 Ward)

Length of residence in city or town where death occurred 4 yrs. hrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John W. Klein, Sr.

(a) Residence: No. Putty Hill & Wendell Aves St., Fullerton Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Amanda R. Klein

6. DATE OF BIRTH (month, day, year) Aug. 3, 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	10	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Locomotive Engr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad 1873

10. Date deceased last worked at this occupation (month and year) June 24, 1935

11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

FATHER

13. NAME Christian H. Klein

14. BIRTHPLACE (city or town) (State or country) Den Holland Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Den Holland, Germany

17. INFORMANT Mrs. Amanda R. Klein
(Address) Fullerton, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 1 1935

19. UNDERTAKER Frederick Lansdowne
(Address) 7401 Belair Road Huntington Williams, Inc.

20. FILED JUL 1 1935 19 8 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 12:55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Other contributory causes of importance:	
Intestinal Obstuction	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul H. Schumer M. D.
Coroner

(Address) 1919 E. North Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 14023

300894 F 14023

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 124-B

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 26 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Milton James Mattson

(a) Residence: No. 436 N Clinton St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Katharine

6. DATE OF BIRTH (month, day, year): 7-19-06

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	11	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0031

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: John Mattson

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Irene Work

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address) JOHNS HOPKINS HOSP.: Records

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn, Date July 2, 1935

19. UNDERTAKER (Address): John A Morlan 3002 E. Baltimore St. Huntington Ave.

20. FILED ..... 19 ..... Registrar.

JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24, 1935 to June 29, 1935

I last saw him alive on June 29, 1935 Death is said to have occurred on the date stated above, at 5:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of liver, splenomegaly	7 days ago
Rupture of esophageal varix	7 days ago
Cellulitis, left leg, B streptococci	7 days ago

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

M. D. (Signed) Henry O. Stebbing

(Address) The Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

Philip Fries

HEALTH DEPARTMENT—CITY OF BALTIMORE

14021 — CERTIFICATE OF DEATH — ✓ 121 — F 14024

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. So. Balto. Gen. Hosp. Ward) 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 5 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Philip Fries

(a) Residence: No. 135 W Randall St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 10/15/34

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	8	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Charles Fries

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rosie A. Bussler

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Charles Fries
(Address) 135 W Randall St

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 2. 1935

19. UNDERTAKER C. Edward Evans
(Address) Frederick Blvd.

20. FILED JUL 1 - 1935 Huntington Williamson, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18/35. 19. to 6/30. 19 35

I last saw him alive on 6/27/ 19 35 Death is said to have occurred on the date stated above, at 6:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured appendicitis	6/16/35
Peritonitis	6/17/35

Other contributory causes of importance:

Name of operation Appendectomy Date of 6/18/35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. W. Williamson M. D.

(Address) 6 E. Balto. Gen. Hosp.

S 3

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14025

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14025

CERTIFICATE OF DEATH

46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 610 McKewin St., 9 Ward)

Length of residence in city or town where death occurred 53 yrs. 0 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds. 53-0-24

2. FULL NAME Charles Buckler Easter No War Service

(a) Residence: No. 610 McKewin St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): married

6. DATE OF BIRTH (month, day, year): June 6/1882

7. AGE: Years 53; Months 0; Days 24; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Artist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Drawing

10. Date deceased last worked at this occupation (month and year): about Nov. 1934

11. Total time (years) spent in this occupation: 30yrs

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

MOTHER FATHER

13. NAME: Hamilton Easter

14. BIRTHPLACE (city or town) (State or country): Amaugh Cork Co. Ireland

15. MAIDEN NAME: Susan Slicer

16. BIRTHPLACE (city or town) (State or country): Carlisle Penna

17. INFORMANT (Address): Mrs J. M. Easter (wife) 610 McKewin Ave. City.

18. BURIAL, CREMATION, OR REMOVAL: Marston's Mills Mass. July 2/35

19. UNDERTAKER (Address): Stewart Memorial Co. 108 Monroe St. Huntington Williamson, W. Va.

FILED JUL 1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1934 to June 30, 1935

I last saw him alive on June 29, 1935 Death is said to have occurred on the date stated above, at 7.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Justic Carcinoma	1934

Other contributory causes of importance:

Name of operation: Jaw biopsy - Justice tumor specimen + pathological Date of 3/22/34

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John L. Fenby M. D.

(Address) 3572 Greenmount Ave.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14026

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14026

CERTIFICATE OF DEATH

V 23

1. PLACE OF DEATH Baltimore City Hospitals T.B. Div. Registered No.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 39 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Violet Hill

If U. S. Veteran specify WAR .....

(a) Residence: No. 1510 N. Chapel St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James Hill

6. DATE OF BIRTH (month, day, year) April 13, 1896

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
39	2	9 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of 39

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Albert Lubberger

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Emma Blanchard

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Park Date July 2 1935

19. UNDERTAKER Wendell E. Humphreys

(Address) 1501 N. Broadway.

20. FILED JUL 1 1935 Thurston H. Havens, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1934 to June 29, 1935

I last saw h[illegible] alive on June 27, 1935 Death is said to have occurred on the date stated above, at 5:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	May 1934
Other contributory causes of importance:	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-F

F 14027

300388

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14027

CERTIFICATE OF DEATH

30

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frederick Banks

(a) Residence: No. 1418 Madison ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	Single

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 10-10-10?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24?	8	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Fla

MOTHER FATHER

13. NAME Donald Banks

14. BIRTHPLACE (city or town) (State or country) Fla

15. MAIDEN NAME Alice Singleton

16. BIRTHPLACE (city or town) (State or country) Fla

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place Hamburg Pa. Date July 1, 1935

19. UNDERTAKER Samuel McClean Thom

(Address) 238 N. Eutaw

20. FILED JUL 1 1935 19 E. L. Griffith Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1935 to June 29, 1935

I last saw him alive on June 29, 1935 Death is said to have occurred on the date stated above, at 9 10 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis Meningitis	?

Other contributory causes of importance:

Name of operation Hysterectomy, rt Date of 6/12/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh J. Jewell, M. D.

(Address) Johns Hopkins Hospital

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

14028 14028

CERTIFICATE OF DEATH

122a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 27 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Nathaniel Mitchell

(a) Residence: No. 5713 Roland Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1886

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
49 ~~49~~	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dentist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1870

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place MT. Calvary Date 7/1/35 19

19. UNDERTAKER [illegible] H. Holtz & Son

(Address) 1631 E. Lanvale

20. FILED JUL 1 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935 to June 29, 1935

I last saw him alive on June 29, 1935 Death is said to have occurred on the date stated above, at 6 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture Gastric ulcer	June 20
Strangulated Hernia	35

Other contributory causes of importance:

Name of operation Laparotomy Date of June 28-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George S Allen M. D.

(Address) 50 Aisquith St.

V 566

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—0-30—A. & Co.—250 Bks.

✓ F 14029

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14029

CERTIFICATE OF DEATH.

× 1228

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. 19 WARD)

2 FULL NAME Sarah Lindsay

(a) RESIDENCE NO. Landover, Md. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
female	colored	married

6a If married, widowed, or divorced HUSBAND of (or) WIFE of Edward F Lindsay

6 DATE OF BIRTH (month, day, and year) 10-6-1893

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	8	25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 037

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) North Carlina.

PARENTS

10 NAME OF FATHER Newton Ross.

11 BIRTHPLACE OF FATHER (city or town) (State or country) N.C.

12 MAIDEN NAME OF MOTHER Eliza Ross.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) N.C.

14 Informant Edward F. Lindsay (Address) Fairmont Md

15 JUL 1 - 1935 19 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1, 1935

17

I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to July 1, 1935

that I last saw h er alive on July 1, 1935

and that death occurred, on the date stated above, at 5:40 A m.

The CAUSE OF DEATH* was as follows:

Acute intestinal obstruction (pelvic adhesions)

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (Secondary) Chronic nephritis;

paralytic ileus (duration) * yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death? home

Did an operation precede death? yes Date of 6-28-35

Was there an autopsy? no

What test confirmed diagnosis? operation

(Signed) J Ruer Moores M. D.

19 (Address) Franklin Square Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Patuxent Md — DATE OF BURIAL 7-4 19 35

20 UNDERTAKER Ridgely Selby — ADDRESS Laurel Md

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 14030

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14030

137

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 301 N. Carrollton Ave. St., 18 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? 30 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME David Stein

(a) Residence: No. 301 N. Carrollton Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Lena –

6. DATE OF BIRTH (month, day, year) 1850

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: S. Kamenwitz (Son in Law)

(Address) 2304 Bryant Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Wash. Rd. Date July 1 1935

19. UNDERTAKER: Jack Levin Inc.

(Address) 1404 E. Balto. St.

20. FILED ..... 19 .....

Huntington Ave, Woodlawn, Md.

JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 – 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935 to June 30, 1935

I last saw h... in alive on June 30, 1935 Death is said to have occurred on the date stated above, at 12:30 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Prostatitis	
Hematuria	
Urinary retention	

Other contributory causes of importance:

Old age

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) S. S. Kaufman M. D.

(Address) 1518 N. Fremont Ave

Information should be carefully supplied. Any absence of information, or statement of CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268-9

F 14031

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14031

CERTIFICATE OF DEATH

152

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West-Balto. Gen. Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 37 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. George C. Peters.

(a) Residence: No. 607 Ashburton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rosalie M. Peters,

6. DATE OF BIRTH (month, day, year) June 14. 1898

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	--	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year) About 2 years

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George Peters,

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Catherine Stanton,

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mrs Rosalie M. Peters
(Address) 607 Ashburton St.

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date JUL 3 - 1935

19. UNDERTAKER Geo W Little
(Address) 2700 Edmondson Ave.

20. FILED JUL 1 - 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-29-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-24. 1935. to 6-29. 1935.

I last saw him alive on 11:05 PM 1935 Death is said to have occurred on the date stated above, at 6-29-35 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cellulitis, lymphangeitis, lymphadenitis, Septicemia - Streptococci?	6-20-35

Other contributory causes of importance:

Name of operation Débridement of leg. Date of 6-25-35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton Levin, M. D.

(Address) W. B.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Dr. Von Tresckow - W36th St

✓ F 14032

F 14032 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

92-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3340 Keswick Road 13 Ward)

Length of residence in city or town where death occurred life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Maggie Earback

(a) Residence: No. 3340 Keswick Road St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm. C. Earback.

6. DATE OF BIRTH (month, day, year) April 9, 1867.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md.

FATHER

13. NAME George Hoenell

14. BIRTHPLACE (city or town) (State or country) md.

MOTHER

15. MAIDEN NAME Sarah Simmons

16. BIRTHPLACE (city or town) (State or country) md.

17. INFORMANT Wm. C. Earback.
(Address) 3340 Keswick Road.

18. BURIAL, CREMATION, OR REMOVAL
Greenmount Cemetery Date July 2, 1935

19. UNDERTAKER E. Thomas Gilson.
(Address) 3615-17 Chestnut Ave

19. FILED JUL 1 - 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan — 1935 to June 29 1935

I last saw her alive on June 29 1935. Death is said to have occurred on the date stated above, at 11 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days ago.
Other contributory causes of importance: Myocarditis & Endocarditis	04

Was an operation performed? Yes Date of —

For what disease or injury? .....

Name of operation None Date of —

What test confirmed diagnosis? Clinical. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) J. Broom Duckett M. D.

(Address) 846 W 36th St Balto

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS are to state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14033

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-3

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4809 Cronson Ave St., 27 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Josephine Kennedy

(a) Residence: No. 4809 Cronson Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James W. Kennedy

6. DATE OF BIRTH (month, day, year) 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76	—		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home wife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Dr John Burk

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Catherine Reid

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Miss G. Kennedy

(Address) 4809 Cronson Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cem Date July 2 —, 1935

19. UNDERTAKER Mary M. Kindefield

(Address) 201 E 22nd St

20. FILED JUL 1 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1935, to June 27, 1935

I last saw h alive on June 27 1935 Death is said to have occurred on the date stated above, at 2.25 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Decubitus	
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

6/27/35 (Address) 4708 Cronson Ave

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14034

✓ F 14034

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St. 21 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Williams

(a) Residence: No. 441 W. Henrietta st. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 7, 1905

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	29	11	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Edward Williams

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland ?

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 1 . 1935

19. UNDERTAKER

(Address)

FILED JUL 1 1935 Huntington Williams, M.D. Registrar.

1548

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 25 . 1935 to June 28 . 1935

I last saw him alive on June 28 . 1935 Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	April 1935

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Karsner, M. D.

(Address) Baltimore City Hospital

65 - state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14035

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Baltimore City Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 mos. ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME: Clinton Maine — If U. S. Veteran specify WAR .....

(a) Residence: No. 521 W Saratoga St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 17, 1900

7. AGE: Years 34 | Months 11 | Days 18 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: 1 0040

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: George Maine
14. BIRTHPLACE (city or town) (State or country): Virginia

MOTHER

15. MAIDEN NAME: Mollie Stitt
16. BIRTHPLACE (city or town) (State or country): Virginia

17. INFORMANT (Address): Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 1, 1935

19. UNDERTAKER
(Address)

Filed 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 24, 1935

22. I, HEREBY CERTIFY, That I attended deceased from April 2 to June 24, 1935
I last saw him alive on June 24, 1935. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Colon	?
	?

Other contributory causes of importance: 0

Was an operation performed? yes Date of Peritonitis

For what disease or injury

Name of operation Exp Lap Date of 6/22/35

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Samuel N Gray M.D.

(Address) Balto City Hosp

F 14035

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1519 S N

F 14036

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

1. PLACE OF DEATH St. Elizabeth Home 9 Registered No.

CITY OF BALTIMORE: (No. ..... St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. 1 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louise Garrison

If U. S. Veteran specify WAR X

(a) Residence: No. St. Elizabeth's Home St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Dec 17, 1933

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1	6	11, 12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Hart Brown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME Mary Garrison

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mother Vincent

(Address) St. Elizabeth's Home

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 1 1935

19. UNDERTAKER

(Address)

20. FILED Attendant for Public Records

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1935, to June 29 1935

I last saw h.. alive on June 29, 1935 Death is said to have occurred on the date stated above, at 5A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	3 wks
Bronchopneumonia	2 days

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Frank J. Ayd M. D.

(Address) 2005 E. Monument St.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 1 - 1935 N

M. D. F. 1268-9

F 14037

14037 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Henry Ayers

(a) Residence: No. 827 W. Fairmount Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male | 4. Color or Race: Col | 5. Single, Married, Widowed, or Divorced (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years: 80 | Months | Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Trunk maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Anna Belle Mc Hurley (Address) 827 W. Fairmount Ave

18. BURIAL, CREMATION, OR REMOVAL Place Emerald of Md Date July 1 1935

19. UNDERTAKER ... (Address) ...

20. FILED ... Registrar.

7-1-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22- 1935 to 6-26 1935

I last saw h[illegible] alive on 6-26 1935 Death is said to have occurred on the date stated above, at 2:20 P. M.

The principal cause of death and related causes of importance were as follows:

Uremic Coma — Date of onset 6-22-35.

Other contributory causes of importance:

Arteriosclerosis — Unknown

Enlarged Prostate — 6 years

Interstitial Nephritis

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Calvin B. Le Compte M. D.

(Address) Provident Hosp.

information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14038

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Carrie Robinson

(a) Residence: No. 909 W. Franklin St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George ?

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
34 ~~28~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ~~Domestic~~

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME James Jones

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Mary Martin

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records Beth.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Hanchester Va Date July 2nd 1935

19. UNDERTAKER Bryant Morris & Wright

(Address) 1218 McElderry St

Huntington Williamson, W. Va

20. FILED JUL 1 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1935 to 6/28 1935

I last saw her alive on 6/28 1935 Death is said to have occurred on the date stated above, at 7 40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 day

Other contributory causes of importance:

Hypertension ?
Chronic nephritis ? ? ?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

Information called for on both sides of this certificate is necessary. Make every answer complete and accurate. Use ink and state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V 9 3

M. D. P. 1268-9

F 14039

F 14039

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 93-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St., 14 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Noah Osborne

(a) Residence: No. Hartford County Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word)

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Single

6. DATE OF BIRTH (month, day, year): Jan 22 1851

7. AGE: Years 84; Months; Days 89; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Hartford County Md

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Mrs Emma Dickerson

(Address) 428 Robert St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemetery Date July 3, 1935

19. UNDERTAKER: Howard K McKenna

(Address) Aberdeen Md

20. FILED 7-3, 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-7-, 1935, to 7-1-, 1935

I last saw him alive on 7-1-, 1935. Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cor Bovinum	
Myocardial Degeneration	24 hr
Other contributory causes of importance:	
Arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin B. LeCompte M. D.

(Address) Provident Hosp.

Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

7-1-1935

M. D. P. 1268-9

✓ F 14040

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14040

CERTIFICATE OF DEATH

169

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. South Baltimore General Hospital 24 Ward)

Length of residence in city or town where death occurred 20 yrs. ---- mos. ---- ds. How long in U. S. If of foreign birth? 20 yrs. ---- mos. ---- ds.

2. FULL NAME Frank Gutowski.

(a) Residence: No. 1229 Hull St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) August 13, 1894

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevadore.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Anthony Gutowski.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Mary Zamorzycki.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Wanda Lewandowski. (cousin)
(Address) 1ret Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary (cem) Date July 2 19 35

19. UNDERTAKER John M Welby
(Address) 408 [illegible] Williams, Mgr.

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h... alive on ..... 19 .... Death is said to have occurred on the date stated above, at 10.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of the skull, jumped from a ladder attached to grain elevator of B. & O. R. R. Co. Suicide.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 6/30/35 19

Where did injury occur? Foot of Reynolds st.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place.

Manner of injury Jumped from a ladder.

Nature of injury Fracture of the skull.

24. Was disease or injury in any way related to occupation of deceased?
No. If so, specify .....

Signed Wm M Rinehardt Coroner M. D.

7/1/35 (Address) 1017 E. Charles st.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

verse

JL 1 1935

F 14041

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14041

H67

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David Yerkes

If U. S. Veteran specify WAR .....

(a) Residence: No. 1810 N. Castle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Mary.

6. DATE OF BIRTH (month, day, year): 1/22/1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80.	5	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Chair mfg. Joiner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto.

FATHER

13. NAME: David Yerkes

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto. Cemt. Date July 4, 1935

19. UNDERTAKER: Geo. W. Zickler

(Address) 1737 E. Edger St.

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 6/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/29, 1935 to 6/30, 1935

I last saw him alive on 6/20, 1935 Death is said to have occurred on the date stated above, at 11:55 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of Onset
Bronchopneumonia	3 days
Carcinoma of rectum	?

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto. City Hosp.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14042

14042

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edna Singleton

(a) Residence: No. Aberdeen St., Ward. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Married

5a. If married, widowed, or divorced (or) WIFE of Richard Singleton

6. DATE OF BIRTH (month, day, year) 7-18-96

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
34			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H W

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME George Elliott

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Alice Duff

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place Druid Cemetery Date July 3 1935

19. UNDERTAKER (Address) Henry Tann & Sons Aberdeen Md

21. [illegible] Harrington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from April 25. 1935. to July 1 1935

I last saw her alive on July 1 1935. Death is said to have occurred on the date stated above, at 3:00 Am.

The principal cause of death and related causes of importance were as follows:

Rheumatic Heart Disease — Date of onset 1916

Mitral, Aortic, Tricuspid Stenosis + Insufficiency, Auricular Fibrillation, Mural thrombi, pulmonary infarction, myocardial failure

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) Morgan Cutts, M. D.

(Address) Johns Hopkins Hospital

Information should be carefully supplied. Age should be stated in years, months, days. Exact statement of state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L. 1 - 1935

M. D. F. 1268-9

F 14043

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14043

CERTIFICATE OF DEATH

123

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4300 Fernhill Ave. St., 28 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Washington Wysor

(a) Residence: No. 4300 Fernhill Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mamie Trent Wysor

6. DATE OF BIRTH (month, day, year) Mar 23 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chief Engineer & Elec. Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. United Railways

10. Date deceased last worked at this occupation (month and year) Sept 1934

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Dublin Va.

FATHER

13. NAME Henry C. Wysor

14. BIRTHPLACE (city or town) (State or country) Dublin Va.

MOTHER

15. MAIDEN NAME Mary Elizabeth Shipp

16. BIRTHPLACE (city or town) (State or country) Charlotte N.C.

17. INFORMANT Davidson C. Wysor

(Address) 136 Brookside Ave. Ridgewood

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cemetery Date July 2 1935

19. UNDERTAKER Harry A. Armacost & Son

(Address) 1204 Ridgewood Ave.

20. FILED [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 — 1934 to 6-30 1935

I last saw him alive on 6-30 1935 Death is said to have occurred on the date stated above, at 10.35 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pericardial adhesions	

Other contributory causes of importance:

Name of operation Adhesions divided Date of 6-22

What test confirmed diagnosis? Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place N.J.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) Henry Russell M. D.

(Address) 3402 Groseland Rd.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

L 1-1935

M. D. B. 1268-9

F 14044

14044

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-B

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 4800 Keswick Rd. St., 27 Ward)

Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Brooks

(a) Residence: No. 4800 Keswick Rd. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John T. Brooks

6. DATE OF BIRTH (month, day, year) Oct. 8, 1856

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
78	8	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0097

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) England
(State or country)

FATHER

13. NAME ..... Lord

14. BIRTHPLACE (city or town) England
(State or country)

MOTHER

15. MAIDEN NAME Margaret Riley

16. BIRTHPLACE (city or town) England
(State or country)

17. INFORMANT Wilbur F. Brooks
(Address) 4800 Keswick Rd.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date 19

19. UNDERTAKER Herbert Tolson
(Address) 805 N. Calvert St.

20. FILED 1-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-30-35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-1-34, 19..., to 6-30-35, 19

I last saw h.R alive on 6-29-35, 19. Death is said to have occurred on the date stated above, at 2 30 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CARCINOMA OF BLADDER	1934?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) John L. Thomas, M. D.

(Address) 1129 N Paca St

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

S 3

F 14045

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14045

CERTIFICATE OF DEATH

X 125-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. U. S. Marine Hospital St. 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR ---

2. FULL NAME Richard E. Cates

(a) Residence: No. 2608 North 15th St., Ward. St. Louis, Missouri
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26, 1918

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	3	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ord. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Seaman

10. Date deceased last worked at this occupation (month and year) 5-30-35

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (city or town) (State or country) Evansville, Ind.

FATHER

13. NAME James M. Cates

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Maggie ??

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT U.S. Marine Hospital Records,
(Address) Baltimore, Maryland.

18. BURIAL, CREMATION, OR REMOVAL

Place Sebree, Kentucky Date July 1 1935

19. UNDERTAKER E. Leroy Stubler, Inc.
(Address) 125 E. Monument Ave.

JUL 1 1935 Huntington Williams, Inc.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from April 11 1935 to June 29 1935

I last saw him alive on June 29 1935 Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hepatitis	6-8-35
Uremia, acute	6-4-35
Septicemia, streptococcic	6-25-35
Nephritis, parenchymatous	6-1-35
Other contributory causes of importance: Infarction, pulmonary, both lower lobes	4-11-35
none	

Was an operation performed? Yes Date of 5-15-35

For what disease or injury? Aspiration of liver

Name of operation Aspiration of liver Date of 5-15-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

E. T. Coder M. D.
(Signed) E. T. Coder, Marine Hospital, Balto. Md.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14046 F 14046

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

48

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Teresa Houghton Austin If U. S. Veteran specify WAR

(a) Residence: No. 931 Argyle Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: Colored
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herbert

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 30 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Du Post Heights Md.

FATHER

13. NAME Wm. Hatton.
14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Mary Noggans.
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Husband.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Cem. Date July 3rd 1935

19. UNDERTAKER Pierce P Fraley & Co
(Address) 818 Druid Park Ave

20. FILED JUL 2 - 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/28 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/6 1935 to 6/28 1935

I last saw her alive on 6/29 1935 Death is said to have occurred on the date stated above, at 7 45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus - metastasis to brain (?)	1½ yr.

Other contributory causes of importance:

Anemia, secondary	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14047

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14047

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 20 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5/12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Conley (Michael John Connolly) If U. S. Veteran specify WAR .....

(a) Residence: No. 2002 W. Fayette st. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan. 11, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59	5	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0040

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Conley

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Bridget Fallon

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Pl London Park Date July 4th, 1935

19. UNDERTAKER Wm Cook
(Address) 1217 E Pratt st

FILED JUL 2 - 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from December 12 1934 to June 30 1935

I last saw him alive on June 30, 1935 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	Nov. 1934
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Karlson, M. D.

(Address) Baltimore City Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9 F 14048 F 14048

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Baltimore Md
CITY OF BALTIMORE: (No. 2551 Hollins St., 70 Ward)
Registered No. ____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 16 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME William A. Longan
U. S. Veteran No
Specify War none
(a) Residence: No. 2551 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
White	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen B Longan

6. DATE OF BIRTH (month, day, year)	7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
May 18 1886	49	1	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railways
10. Date deceased last worked at this occupation (month and year) 5 yrs
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Milton Pa

FATHER
13. NAME Carson Longan
14. BIRTHPLACE (city or town) (State or country) Milton Pa

MOTHER
15. MAIDEN NAME Frances Marks
16. BIRTHPLACE (city or town) (State or country) Milton Pa

17. INFORMANT Helen B. Longan
(Address) 2551 Hollins St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 4th, 1935

19. UNDERTAKER Wm Cook
(Address) 147 S Paul St

20. FILED JUL 2 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from ____ 19____, to ____ 19____
I last saw h[illegible] alive on July 1935 Death is said to have occurred on the date stated above, at ____ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	9/1-34

Other contributory causes of importance:
Acute Bronchitis one week before death

Name of operation ____ Date of ____
What test confirmed diagnosis? facial paralysis left side ms Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19____
Where did injury occur? ____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? ns If so, specify ____

(Signed) Thos H Phillips M. D.
Coroner
(Address) 1939 Edmondson Ave

A56 BE CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

F 14049 F 14049

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 124-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1241 N. Broadway 8 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Daniel M. Hogan

(a) Residence: No. 1241 N. Broadway Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed, or Divorced~~ (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——— ——— ———

6. DATE OF BIRTH (month, day, year) April 12th 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
68	2	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 1863

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupatinn X

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Patrick Hogan

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Wahlen

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Elizabeth Hogan

(Address) 1241 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 2nd 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED ..... 19..... Registrar

JUL 2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15 1934 to June 30 1935

I last saw h[illegible] alive on June 30 1935. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Larynx	
Endocarditis	1934
Chronic Nephritis	

Other contributory causes of importance:

Arteriosclerosis

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify. .....

(Signed) Walter Thomas, M. D.

(Address) 3136 Eastern Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last attendant must OCCUPATION is very important. See instructions on back of certificate. 12-c

M. D. B 1268-9

F 14050

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14050

CERTIFICATE OF DEATH

✓ 167

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4603 Kenmore Way St. 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Stephen Bonsal White

(a) Residence: No. 4603 Kenmore Way St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louise D. White

6. DATE OF BIRTH (month, day, year) Jan 23, 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	44	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Miles White Jr

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Virginia Bonsal

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Mrs Miles White Jr

(Address) 4603 Kenmore Way

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 2nd, 1935

19. UNDERTAKER Henry Perkins & Son

(Address) Orchard & Calvert Sts

20. FILED JUL 2 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound in	
Mouth	
Self inflicted	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Viscera Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Suicide Date of injury June 30 1935

Where did injury occur? 4603 Kenmore Way
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place At home

Manner of injury Shooting Self inflicted

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Edward Ridgely Coroner M. D.

(Address) Coroner

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. Form 9 F 14051

F 14051

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Aisquith St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Seccombe

(a) Residence: No. 1410 Aisquith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed or divorced: (Husband of / Wife of) the late John H. C. Seccombe

6. DATE OF BIRTH (month, day, year): August 12 1848

7. AGE: Years 86 | Months 10 | Days 18 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

FATHER

13. NAME: Mr. Patrick

14. BIRTHPLACE (city or town) (State or country): Balto. Md

MOTHER

15. MAIDEN NAME: Miss. Fanlag.

16. BIRTHPLACE (city or town) (State or country): France

17. INFORMANT: Mr. Peter J. Stret.

(Address) 1410 Aisquith St

18. BURIAL, CREMATION, OR REMOVAL: Place Most Holy Redeemer Date July 3 1935

19. UNDERTAKER: Henry Hook & Sons Inc.

(Address) 1301 E. Eager St

JUL 2 1935 Livingston Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1935 to June 30, 1935. I last saw her alive on June 30, 1935. Death is said to have occurred on the date stated above, at 4:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance:	
Chronic nephritis Uremia	Unknown 1 week.

Name of operation: Date of

What test confirmed diagnosis: Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Wm. B. Sybert M. D.

(Address) 1807 Harford Ave.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1269-9 F 14052

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14052

CERTIFICATE OF DEATH

81

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) St. Joseph's Hospital St., 9 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Sept yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James J. Meyers

(a) Residence: No. 1609 Ensor St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced
HUSBAND of (or WIFE of) Anna M. Meyers

6. DATE OF BIRTH (month, day, year) June 13 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	\	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Polisher
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md

FATHER
13. NAME William Meyers
14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER
15. MAIDEN NAME Margaret Ahlein
16. BIRTHPLACE (city or town) (State or country) Balto, Md

17. INFORMANT Mrs. Anna M. Meyers
(Address) 1609 Ensor St

18. BURIAL, CREMATION, OR REMOVAL
Place Most Holy Redeemer Cem Date July 5 1935

19. UNDERTAKER Henry Abbott Sons, Inc
(Address) 1301 E. Eager St

20. FILED JUL 6 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to July 1 1935
I last saw h alive on July 1 1935 Death is said to have occurred on the date stated above, at 3 20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Hypertension	
2. Asthma nervosa (cerebral)	
3. B. celiac paralysis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. H. Wagenseller M. D.
(Address)

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14053

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14053

✓ 93-D

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME John Nornell.

(a) Residence: No. 1111 Wilmor Alley, Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/6/83

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
51	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Alex Nornell

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mary Jenaison

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Records BCH.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 2nd 1935

19. UNDERTAKER Elroy Dwelly Brantley

(Address) 1606 Pennsylvania Ave

2[illegible] Huntington W Va

JUL 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/27 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13 1935 to 6/27 1935

I last saw him alive on 6/27 1935 Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	3 mo.

Other contributory causes of importance:

Hypertension	?
Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

F 14054

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14054

CERTIFICATE OF DEATH

√ 93-C

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 430 Arnold Ter St., 27 Ward)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Fannie R Brown

(a) Residence: No. 430 Arnold Ter St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1894

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work

10. Date deceased last worked at this occupation (month and year) June 30

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (City or town) Md
(State or country)

FATHER

13. NAME Daniel Brown

14. BIRTHPLACE (city or town) Md
(State or country)

MOTHER

15. MAIDEN NAME Annie Quickley

16. BIRTHPLACE (city or town) Md
(State or country)

17. INFORMANT Lizzie Williams
(Address) 408 Virginia Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Pleasant Rest Cem Date 7 - 3 - 1935

19. UNDERTAKER Byrom & Samuel W. Wright
(Address) 1216 N. Eden St

20. FILED 6 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	-

Other contributory causes of importance:

Acute Cardiac Dilatation	-

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Carl Darnall M. D.
Coroner

(Address) Catonsville

M. D. B. 1934 F 14055

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14055

CERTIFICATE OF DEATH

107-a

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Patsy Dell Fulkoski

(a) Residence: No. 1911 Talbert Lombard St., Ward. — X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Baby

6. DATE OF BIRTH (month, day, year) Dec 6 - 1934

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Harry F Fulkoski

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Lawy B Berry

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Harry F. Fulkoski

(Address) 1911 Talbert Lombard

18. BURIAL, CREMATION, OR REMOVAL

Place ... Date ... 19...

19. UNDERTAKER

(Address)

FILED ... 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) ... 19...

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on January 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Bronchs-Pneumonia — Date of onset 1/24/35

Other contributory causes of importance:

no history of other disease that I can ascertain the last day

Name of operation — Date of —

What test confirmed diagnosis? Pneumonia Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thos. J. Phillips M. D. Coroner

(Address) 1939 Edmondson Ave

DEC 2 1935

OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-IE-23—M&T—4500 Rec.

F 14056 ✓ F 14056

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

82-a

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE—No. 1632 W. Montgomery ST., 19 WARD)

2-FULL NAME Hattie E Leeks

(a) RESIDENCE No. 1632 W. Mulberry ST. - WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX F.

4 COLOR OR RACE C

5 Single, Married, Widowed, or Divorced, (write the word) M.

5a If married, widowed, or divorced, HUSBAND of or) WIFE of Washington E Leeks

6 DATE OF BIRTH (month, day, and year) Aug 25, 1874

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	60	10	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Windsor N.C.

PARENTS

10 NAME OF FATHER Jno. Fincher

11 BIRTHPLACE OF FATHER (city or town) (State or country) N. C.

12 MAIDEN NAME OF MOTHER Sarah Fincher

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Windsor N.C.

14 Informant Alfred E Leeks (Address)

15 Filed JUL 2 1935 By [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6/29 1935

17 I HEREBY CERTIFY, That I attended deceased from Nov. 1934 to 6/29/ 1935.

that I last saw her alive on 6/29/ 1935

and that death occurred, on the date stated above, at 8:30 P m.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(duration) yrs. 8 mos ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) W. S. Taylor M. D.

19 (Address) 1522 Harlem ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Johnson Cemetery

DATE OF BURIAL July 2 1935

20 UNDERTAKER Walter B. Griggs

ADDRESS 1339 W. Hamburg St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

M. D. P. 1268-9

F 14057

F 14057

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

52

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3402 Woodbrook ave St., 43 Ward)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Sarah Goldman

(a) Residence: No. 3402 Woodbrook ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Israel Goldman

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT: Louis J. Glasser

(Address) 3402 Woodbrook ave

18. BURIAL, CREMATION, OR REMOVAL: Sinai Park 7/2/35 19

19. UNDERTAKER: Jack Levin Co

(Address) 1439 E. Lafayette St.

20. FILED: July 2 1935 Harrington Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1932 to July 1 1935

I last saw her alive on July 2 1935 Death is said to have occurred on the date stated above, at 10P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of face (Rodent Ulcer)	Sept. 1932.

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) David Cohen M. D.

(Address) 2235 E. Broadway

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14058

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14058

94-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1127 Carroll St. 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 75 yrs. 6 mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR No

2. FULL NAME Wilson Stewart

(a) Residence: No. 1127 Carroll St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lillian M. Stewart

6. DATE OF BIRTH (month, day, year) Dec 29. 1859

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter Contractor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) June 27 1935

11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Joseph B. Stewart

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Eliza A. Volz

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Lillian M. Stewart
(Address) 1127 Carroll St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date July 3 1935

19. UNDERTAKER Wm. Jno. H. Tindley Son
(Address) 501 W. Baltimore St.

20. FILED ... 19 ... Registrar Huntington Williams, M.D.

2 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27 1935 to July 1 1935

I last saw him alive on July 1 1935. Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	6-27-35

Other contributory causes of importance:

Was an operation performed? — Date of ...

For what disease or injury? ...

Name of operation — Date of ...

What test confirmed diagnosis? Clinical Findings Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? — If so, specify ...

Signed Lewis Wood Glass M. D.
(Address) 1112 Woodington Blvd.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F 1268-9

✓ F 14059

F 14059

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 468

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp St. 77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S. If of foreign birth? 25 yrs. mos. ds.

{World War veteran}

2. FULL NAME Joseph O'Connor

(a) Residence: No. 412 Hollen Rd. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Naomi O'Connor

6. DATE OF BIRTH (month, day, year) Jan 26 1890

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	5	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steamship agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME James O'Connor

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Sarah Taylor

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Naomi O'Connor

(Address) 412 Hollen Rd

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 3, 1935

19. UNDERTAKER J. McLurlly Sons.

(Address) 1735 Harford Ave. Huntington Phone

7-3-1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1935, to 6/29, 1935

I last saw him alive on 6/29, 1935. Death is said to have occurred on the date stated above, at 6 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of stomach	

Other contributory causes of importance:

Delayed surgical shock

Name of operation Gastrectomy Date of 6/29/35

What test confirmed diagnosis? Opr. Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Robinson, M. D.

(Address) Mercy Hosp

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 14060

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14060

CERTIFICATE OF DEATH

49-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore
CITY OF BALTIMORE (No. 712 Berry Street St. 13 Ward)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lida Coale Burns

(a) Residence No. 712 Berry Street Balto City St. 13 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Benjamin F. Burns

6. DATE OF BIRTH (month, day, year) Sept 20, 1884

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
50	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Silverwood Balto Co Md

FATHER
13. NAME Charles H. Coale
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Mira E. Lee
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jackson Coale
(Address) 502 Park ave Balto City

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 4 1935

19. UNDERTAKER John Burns Sons
(Address) Towson Md

20. FILED JUL 2 - 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1935 to July 1 1935
I last saw her alive on July 1 1935 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	June 25

Other contributory causes of importance:
Metastases from malignant ovarian cyst

Name of operation Laparotomy Date of 7/2 3/35
What test confirmed diagnosis Microscopic Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Wm H McFeely M. D.
(Address) 1301 St. Paul St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Last statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

AaCo. 5-31 250B

F 14061

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14061

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 729 S. Hanover St. 22 Ward)

Length of residence in city or town where death occurred 77 yrs. 9 mos. 20 ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Scala

(a) Residence: No. 729 S. Hanover St., ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5 Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Scala

6. DATE OF BIRTH (month, day, year) Sept 11 1857

7. AGE Years	Months	Days	If LESS than 1 day ... hrs. or ... min.
77	9	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) ...

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) ...

17. INFORMANT George Foster
(Address) 729 S. Hanover

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cem. 7/4 1935
Brooklyn Md

19. UNDERTAKER John F. Radziger
(Address) 1536 Eutaw Place

20. FILED JUL 2 1935, 19 ... Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1937 to 7/1, 1935

I last saw h... alive on 7/1, 1935, death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Chronic
Arteriosclerosis
Chronic Nephritis

Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) David Strauber, M. D.

(Address) 1112 W. Lee

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—1-12-23—WT—500 Pd.

F 14062

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

F 14062

124-8

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 2503 Brookside ST. Fakland 25 WARD)

2-FULL NAME Charles H. Gable

(a) RESIDENCE NO. 2503 Brookside ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Emma Gable

6 DATE OF BIRTH (month, day, and year): Aug 17 1866

7 AGE: Years 78 Months 10 Days 11 If LESS than 1 day hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Retired

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (city or town) (State or country): Md.

PARENTS

10 NAME OF FATHER: Warner Gable

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Kauffman

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant: Helen L. Edwards

(Address): 2003 Brookside Ave. Huntingtown Villa, Md.

15 Filed. JUL 2 1935, 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 1 1935

17 I HEREBY CERTIFY, That I attended deceased from May 19 35, 19 to July 1, 1935, that I last saw him alive on June 30, 1935, and that death occurred, on the date stated above, at 6:30 a.m.

The CAUSE OF DEATH* was as follows:

Arterio Sclerosis & Cirrhosis of Liver

(duration) yrs. 5 mos ds.

CONTRIBUTORY (Secondary) Acute & Relaxation of heart (duration) no yrs. no mos. 7 ds.

18 Where was disease contracted if not at place of death? —

Did an operation precede death? no Date of —

Was there an autopsy? no

What test confirmed diagnosis? Symtoms

(Signed) R U Glenn, M. D.

July 1 1935 (Address) 2708 Hollins Ferry Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Loudon Park Cemy.

DATE OF BURIAL: July 2, 1935

20 UNDERTAKER: Chas. O. Mitchell Sons

ADDRESS: 1900 Eutaw Place

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

JUL 2 1935

M. D. B. 1268-9

F 14063 ✓ F 14063

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

35 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

Length of residence in city or town where death occurred ' yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jennie Yates

(a) Residence: No. 824 N. Durham St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced (or) WIFE of Frank Yates

6. DATE OF BIRTH (month, day, year) 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private family

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) ?

FATHER

13. NAME James Baxter

14. BIRTHPLACE (city or town) (State or country) Blackstone Virginia

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Frank Yates

(Address) 824 N Durham St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Cem Date July 2 - 1935

19. UNDERTAKER Robt. C. Williams

(Address) 15 15 N. Eldorado St

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 28 , 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 7:00 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Endometritis	?
Salpingitis (Rt.)	
Other contributory causes of importance:	
Generalized Peritonitis	

Name of operation Exploratory Laparotomy Date of 6/26/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreuder , M. D. Coroner

(Address) 1919 E North Ave.

OCCUPATION is very important. See instructions on back of certificate.

F 14064 ✓ F 14064

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23 Registered No.

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Oliver Cottman

(a) Residence: No. 1002 W. Lanvale st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Edna Cottman

6. DATE OF BIRTH (month, day, year) May 5, 1904

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31	1	26.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None ditto

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George King

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Bessie Cottman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Cem. Date 7/3/ 1935

19. UNDERTAKER Frances A. Stemsley
(Address) 578 W. Biddle st.

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 1, 1935
I last saw him alive on July 1, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1 yr.
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Karlson, M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 14065 Hailstock ✓ F 14065

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 51-C

1. PLACE OF DEATH Baltimore City Hospitals Registered No.

CITY OF BALTIMORE: (No. ..... St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 41 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Hailstock

If U. S. Veteran specify WAR

(a) Residence: No. 513 N. Carlton St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ida

6. DATE OF BIRTH (month, day, year): Oct 2, 1870

7. AGE: Years 64 Months 5 Days 28 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tuyton

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home 10070

10. Date deceased last worked at this occupation (month and year): ?

11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): Virginia

FATHER

13. NAME: John Hailstock

14. BIRTHPLACE (city or town) (State or country): Va

MOTHER

15. MAIDEN NAME: Mary Gillies

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT (Address): Hosp Record.

18. BURIAL, CREMATION, OR REMOVAL

Place: Mt. Auburn Cem Date: 7/3/ 1935

19. UNDERTAKER: Frances A. Hemsley

(Address): 579 W. Biddle St.

FILED 19 Registrar

JUL 2 - 1935 Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 30 35

22. I HEREBY CERTIFY, That I attended deceased from April 18 1935 to June 30 1935

I last saw him alive on June 30 1935 Death is said to have occurred on the date stated above, at 8 PM

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
Prostate	

Other contributory causes of importance:

Hypostatic Pneumonia

Was an operation performed? Yes Date June 6 1935

For what disease or injury? Prostatectomy

Name of operation: Prostatectomy

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel H. Gross M. D.

(Address) Balto City Hosp

M. D. P. 1268-9

14066 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

174 F 14066

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lyderhouse Hospital St., 4 Ward)

Length of residence in city or town where death occurred 19 yrs. 2 mos. 26 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Kemper Alston

(a) Residence: No. 776 W. Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) April 3, 1916

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	19	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chicken Picker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poultry Store

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Henry Alston

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Eunice Chaplain

16. BIRTHPLACE (city or town) (State or country) Mesaberry South Carolina

17. INFORMANT Eunice Alston
(Address) 776 W. Saratoga St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 5, 1935

19. UNDERTAKER Mr Katie R Williams
(Address) 3224 Schroeder St

20. FILED ..... 19..... Registrar.

JUL 2 - 1935

OCCUPATION IS very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 5:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Knife Wound of Brain	5 days

Other contributory causes of importance:

Abscess of brain (left frontal lobe) Meningitis	3 days

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury June 29 1935

Where did injury occur? Geyer's Brune St - Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Knife blade thrust into brain

Nature of injury Stab Wound of Brain

21. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schenker, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. P. 1268-9

Ella Moore

1-1067

HEALTH DEPARTMENT—CITY OF BALTIMORE

1-1067

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 723 Wasche St., 4 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella Moore

(a) Residence: No. 723 Wasche St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Herman E. Moore

6. DATE OF BIRTH (month, day, year): Mch 17, 1886

7. AGE: Years 49 | Months 3 | Days 1-12 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year): April 1935

11. Total time (years) spent in this occupation: Full

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: Henry Ingold

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER

15. MAIDEN NAME: Martha Trust

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Herman Moore
(Address) 723 Wasche St

18. BURIAL, CREMATION, OR REMOVAL
Place Western Star Date July 2, 1935

19. UNDERTAKER: Mrs Katie R. Williams
(Address) 322 N. Schroeder St.

20. FILED July 2 1935 Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): June 29 35

22. I HEREBY CERTIFY, That I attended deceased from May 22 35 to June 29 35

I last saw her alive on June 29 1935. Death is said to have occurred on the date stated above, at 12.25 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB — Date of onset March 1935

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis: None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, how?

(Signed) W. Calvin Carey M. D.
(Address)

SEE CAUSE OF DEATH in plain terms. Do not use abbreviations or initials. OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1266

F 14068 ✓ F 14068

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50076

46-8

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth 50 yrs. mos. ds.

2. FULL NAME Robert Kuhn

(a) Residence: No. 1003 S Kenwood ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 8/10/57

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman - (ret'd)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Edmund Kuhn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Ida Klunke

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Repose Cem Date July 2 . 1935

19. UNDERTAKER Stiffler & Tallarose (N)

(Address) 1001 Kenwood ave

20. FILED [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20 . 1935 to July 1 . 1935

I last saw him alive on July 1 . 1935 Death is said to have occurred on the date stated above at 1 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Cardiac end of stomach	
Heart failure acute	
Other contributory causes of importance:	
old age	
arteriosclerosis	

Name of operation Gastrostomy Date of 6-28-35

What test confirmed diagnosis? X-ray Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — . 19

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address)

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 14069

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Levindale Hebrew Home for Aged & Infirm

CITY OF BALTIMORE: (No. ... Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Meyer Blitzman

(a) Residence: No. Belvedere Ave Greenspring Ave (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Rebecca

6. DATE OF BIRTH (month, day, year): 1862

7. AGE: Years 73; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Russia

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Sigmund Rundland Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL

Place: Bal Cem Date: July 2 1935

19. UNDERTAKER: Sol Levinson & Bro

(Address): 1127 E Balto St

JUL 2 - 1935 Registrar

Huntington W. Va.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1934, to 7-2, 1935

I last saw h[im] alive on 7-1, 1934. Death is said to have occurred on the date stated above, at 2.15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension	
Arteriosclerosis	
Aortic stenosis	

Other contributory causes of importance: Chr. Bronchitis

Name of operation: Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If [illegible]

(Signed) Wedmund Kern, M. D.

(Address) Levindale

14070 ✓ F 14070

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 8 Ward)

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Schoenig

If U. S. Veteran specify WAR No

(a) Residence: No. 1631 E. Normal ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Schoenig

6. DATE OF BIRTH (month, day, year) Dec. 8, 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	6	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year) UNKNOWN

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME Paul Colburn

14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

MOTHER

15. MAIDEN NAME Rosetta Crawley

16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date 7/5 '35

19. UNDERTAKER Wm. ... & Son
(Address) 1214 E. Fayette St

FILED 7-2-1935 Huntington Williams, Registrar # 4771

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 2, 1935
I last saw her alive on July 2, 1935 Death is said to have occurred on the date stated above, at 2.45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 yrs

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Arthur Karfgin, M. D.
(Address) Baltimore City Hospital

M. D. B 1208-9 F 14071 ✓ F 14071

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 2 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Zalewski

(a) Residence: No. 1605 Eastern Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 23, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

MOTHER

13. NAME Maggie Crow

FATHER

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Mary Zalewski

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J.H. Med School Date July 2, 1935

19. UNDERTAKER

(Address)

20. FILED JUL 2 - 1935 Registrar

1528

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23rd, 1935 to June 24th, 1935

I last saw him alive on June 24th, 1935. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/24/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Stone, Jr. M. D.

(Address) Johns Hopkins Hospital

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Spec.—2-21-28—L. F. S.—500 Bks.

14072

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14072

CERTIFICATE OF DEATH

46-D

REGISTERED NO.

1—PLACE OF DEATH Convent of Notre Dame

CITY OF BALTIMORE: (No. 901 Aisquith ST., 10 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Sr. M. Ethelburga Mc. Carty

(a) RESIDENCE NO. Convent of Notre Dame ST., WARD

(Usual place of abode) (If non-resident give city or town and State) Malden Mass

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	White	Single

3a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH (month, day, and year) Oct. 3, 1868

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
66	8	28	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Teacher

(b) General nature of industry, business, or establishment in which employed (or employer) Religious

(c) Name of employer Srs. of Notre Dame

9 BIRTHPLACE (city or town) Malden Mass.
(State or country)

PARENTS

10 NAME OF FATHER Daniel Mc. Carty

11 BIRTHPLACE OF FATHER (city or town) Ireland
(State or country)

12 MAIDEN NAME OF MOTHER Chaterine Reilly

13 BIRTHPLACE OF MOTHER (city or town) Ireland
(State or country)

14 Informant Sr. of Notre Dame
(Address)

15 Filed 7/2 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 1-1935

17 I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to July 1, 1935, that I last saw her alive on June 30, 1935, and that death occurred, on the date stated above, at 9 P.M.

The CAUSE OF DEATH* was as follows:

Carcinoma Rectum inoperable

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary)

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? Colostomy Date of

Was there an autopsy? No

What test confirmed diagnosis? Manual

(Signed) F J Reilly, M. D.

7/2, 1935 (Address) 1106 Northern

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt. Calvary — DATE OF BURIAL July 4 1935

20 UNDERTAKER Frank A. Fink — ADDRESS 910 N. Gay St.

Important. See instructions on back of certificate.

M. D. R. 1268-9

14073

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. 14073

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1129 Scott St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Jessino Thompson

(a) Residence: No. 1129 Scott St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Helen (Heter) (nee) Thompson

6. DATE OF BIRTH (month, day, year) June 25, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	0	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Florist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 00

10. Date deceased last worked at this occupation (month and year) Aug 1934

11. Total time (years) spent in this occupation 10 yrs

12. BIRTHPLACE (city or town) Rochester (State or country) Penna

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) Rochester (State or country) Penna

15. MAIDEN NAME — Anderson

16. BIRTHPLACE (city or town) Rochester (State or country) Penna

17. INFORMANT Herbert L. Thompson

(Address) 1129 Scott St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date 7/3/35

19. UNDERTAKER Robert Burns & Son

(Address) Calhoun & Fallsway

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935, to June 30, 1935

I last saw him alive on June 30, 1935 Death is said to have occurred on the date stated above, at 1:30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	6-29-35
Other contributory causes of importance:	
Chronic Myocarditis	1932

Name of operation None Date of

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward D. Milan, M. D.

(Address) 682 Washington Blvd

V. S. 3 OCCUPATION is very important. See instructions on back of certificate.

2-1935 Huntington Williamsport 8 RR

F 14074 ✓ F 14074

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital
CITY OF BALTIMORE: (No. Tuberculosis Division St., 17 Ward)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas Brooks

(a) Residence: No. 632 Perkins ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Louise Brooks

6. DATE OF BIRTH (month, day, year) Aug. 11, 1904

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
30	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Sol. Brooks

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Eliz. ??

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Date July 5 1935

19. UNDERTAKER William A. Jackson
(Address) 916 Penna Ave

20. FILED JUL 3 1935 ..... Registrar.
Hunterton Pollenus, N.J.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935 to July 1 1935

I last saw him alive on July 1 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	4 mos.
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Kaufman M. D.
(Address) Baltimore City Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1[illegible] F 14075

✓ F 14075

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St., 10 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. ds.

Was Dead on Arrive

2. FULL NAME Alphonso Smith

(a) Residence: No. 925 Madison St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Smith

6. DATE OF BIRTH (month, day, year) 1887.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1887 -	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Lucas Smith

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) "

17. INFORMANT Mary Smith
(Address) 925 E Madison St

18. BURIAL, CREMATION OR REMOVAL
Place Asbury cemetery Date June 3. 35

19. UNDERTAKER Milton Datta St
(Address) 1502 E Monument St

20. FILED [illegible] 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/13/35 . 19 . to 6/30/35 . 19 .

I last saw him alive on 6/30/35 . 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Hypertension, &
Cerebral Hemorrhage
Chronic nephritis

Date of onset

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Sol Smith M. D.

(Address) Mercy Hospital

DOCUMENT is very important. See instructions on back of certificate.

v s 3

M. D. F. 1269

F 14076

F 14076

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1024 E. Balto. St., 5th Ward)

Length of residence in city or town where death occurred 27 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Shulman

(a) Residence: No. 1024 E. Balto St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — Late May

6. DATE OF BIRTH (month, day, year) 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	60	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Romonia (State or country)

FATHER

13. NAME Solomon Mpuskovitz

14. BIRTHPLACE (city or town) Roumonia (State or country)

MOTHER

15. MAIDEN NAME Rifka —

16. BIRTHPLACE (city or town) Roumonia (State or country)

17. INFORMANT Oscar Shulman

(Address) 1024 E Balto st

18. BURIAL, CREMATION, OR REMOVAL

Place Fetzer Rosedale Date July 3 1935

19. UNDERTAKER Sol Levinson & Bros

(Address) 1127 E Balto st

20. FILED ..... 19.. ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 29, 1934 to July 2, 1935

I last saw h... alive on July 2, 1935 Death is said to have occurred on the date stated above, at 1:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	2 days
Hemiplegia (right)	8 yrs.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Sidney J. Levy M. D.

(Address) 2324 Eutaw Place

OCCUPATION is very important. See instructions on back of certificate.

S 3

Special 1-10-[illegible] [illegible] Bks

F 14077

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14077

CERTIFICATE OF DEATH.

95-B

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 243 N. Arlington av ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Lottie Dorsey

(a) RESIDENCE No. 243 N. Arlington av ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: Colored

5 Single, Married, Widowed, or Divorced, (write the word): Widowed

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Peter Dorsey

6 DATE OF BIRTH (month, day, and year): 1877

7 AGE: Years 58; Months —; Days —; If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Domestic

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9 BIRTHPLACE (City or town) (State or country): Richmond Va

PARENTS

10 NAME OF FATHER: Louis Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Richmond Va

12 MAIDEN NAME OF MOTHER: Dont Know

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Va

14 Informant: Alice Jones (Address) 243 N Arlington Ave

15 Filed 19 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): June 29 1935

17

I HEREBY CERTIFY, That I attended deceased from Feb, 1935, to June 29, 1935,

that I last saw h alive on June 29, 1935,

and that death occurred, on the date stated above, at 8 P. m.

The CAUSE OF DEATH* was as follows:

Arrythmia Dis Heart

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (Secondary): Pulm. Edema

(duration) yrs. mos. 2 ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis?

(Signed) H Norwood M. D.

19 (Address) 939 W Fayette

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Laurel Cem.

DATE OF BURIAL: July 3rd 1935

20 UNDERTAKER: A. Jones

ADDRESS: 111 S. Gilmor

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificates.

F 3 1935

Spec.—1-30—M.& T. 2-29 (Rev.) D 14078

F 14078

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

V 107-A

1-PLACE OF DEATH

CITY OF BALTIMORE: (No 1709 E. Lanvale ST., 18 WARD)

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Ella Weiss

(a) RESIDENCE No 1709 E. Lanvale St ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 57 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 Single, Married, Widowed, or Divorced, (write the word) married

5a If married, widowed or divorced HUSBAND of or) WIFE of Bernard Weiss

6 DATE OF BIRTH (month, day and year) May 9, 1878

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	1	21	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) "

(c) Name of employer "

9 BIRTHPLACE (city or town) (State or country) Baltimore, Md

PARENTS

10 NAME OF FATHER Samuel Blessing

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore, Md

12 MAIDEN NAME OF MOTHER Katherine Blessing

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Germany

14 Informant Arthur Weiss

(Address) 650 Eastman Ave

15 Filed ..... 19 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 6-30-35

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to June 30, 1935

that I last saw her alive on 6-30-35

and that death occurred, on the date stated above, at 11:30 P.M.

The CAUSE OF DEATH* was as follows:

Multiple infections arthritis

(duration) yrs. 6 mos da.

CONTRIBUTORY (Secondary) Bronchopneumonia

(duration) yrs. mos. 2 da.

18 Where was disease contracted if not at place of death? 1709 E. Lanvale

Did an operation precede death? NO Date of

Was there an autopsy? NO

What test confirmed diagnosis? Clinical

(Signed) E. Eugene Covington, M. D.

, 19 (Address) 2341 Eutaw Place

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cem

DATE OF BURIAL July 3 1935

20 UNDERTAKER John Ulrich

ADDRESS 2018 Orleans

TION is very important. See instructions on back of certificate.

AACo. 5-31 250B

F 14079

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14079

CERTIFICATE OF DEATH

No 170

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 100 E 23rd St., 12th Ward)

Length of residence in city or town where death occurred 53 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Mary Bramble

(a) Residence: No. 34 S. East Ave St., 7th Ward. no marriage record
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word)
Female	white	Married.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Geo L Bramble

6. DATE OF BIRTH (month, day, year) Sep 21 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	9	9 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Louis Munch

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (city or town) (State or country) Dont Know

17. INFORMANT Geo L Bramble
(Address) 34 S East ave

18. BURIAL, CREMATION, OR REMOVAL
Place Oak Lawn Cem. Date July 3, 1935

19. UNDERTAKER Lahmeyer Aldrich
(Address) 200 E Preston

20. FILED ... 19... Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 15, 1935 to July 1, 1935
I last saw her alive on July 1, 1935 death is said to have occurred on the date stated above, at 6:05 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Colitis	Sept 1933
Other contributory causes of importance: Recto-vaginal fistula.	3 mos.

Name of operation None Date of Proctoscopic Exam
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? none Date of injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Nathaniel M. Beck M. D.
(Address) 100 E 23rd st.

F 14080

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14080

CERTIFICATE OF DEATH

✓ 34 D-92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 17 Ward)

Length of residence in city or town where death occurred, yrs. life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Lawrence Spriggs.

(a) Residence: No. 558 Oxford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Jan 3 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29	5	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME Albert.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Dora Robinson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 2 1935

19. UNDERTAKER Jas. P. Pyle & Son
(Address) 638 W. Lexington St.

20. DATE 7-1-1935, 19 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1935 to 7/1, 1935

I last saw him alive on 7/1, 1935. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic insufficiency	2½ mo
Hypertension	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Baltimore, Md.

OCCUPATION is very important. See instructions on back of certificate.

V. S. 3-1935

M. D. B 1268-9

F 14081

F 14081

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals) St., ... Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Edward Braxton

(a) Residence: No. 551 Moore St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Braxton

6. DATE OF BIRTH (month, day, year) June 5 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	—	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sample Case Carrier

10. Date deceased last worked at this occupation (month and year) June 21 35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Mrs Ida Braxton

(Address) 638 Dorge St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem July 4 35

19. UNDERTAKER Adolphus Hartley

(Address) 2, 8 Edmondson Ave

20. FILED July 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:25 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilatation	

Other contributory causes of importance:

No history

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? (?)

If so, specify .....

(Signed) H. H. Wright Coroner M. D.

(Address) 1618 S. Belnord Ave

M. D. B 1201-9

F 14082

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14082

CERTIFICATE OF DEATH

186-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 28 S. Bethel St., 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John W. Clinton

(a) Residence: No. 28 S. Bethel St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — X

6. DATE OF BIRTH (month, day, year) unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sass Lumber Co

10. Date deceased last worked at this occupation (month and year) June 28

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John Thomas Clinton

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Mary I. —

16. BIRTHPLACE (city or town) (State or country) unknown "

17. INFORMANT Alice Freeman

(Address) 1265 N. Eden

18. BURIAL, CREMATION, OR REMOVAL

Place Bethel Calvary Date 7/4/35 19

19. UNDERTAKER Hall & Williams

(Address) 1513 N. Eden St.

20. FILED ... 19... By ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw him alive on ..., 19... Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture cervical vertebra	

Other contributory causes of importance:

Fall down stairs

Name of operation ... Date of ...

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 1st 35

Where did injury occur? At his home.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place 28 S. Bethel St.

Manner of injury Fall down stairs (while alone)

Nature of injury fracture Cervical vertebra.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) N. W. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 14083

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14083

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hosp. Ward)

Length of residence in city or town where death occurred 6 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Joseph Brown

(a) Residence: No. 3607 Madison Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Nellie R. Brown.

6. DATE OF BIRTH (month, day, year) Oct 15 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Nellie R. Brown.
(Address) 3607 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL
St Marys Hampden Date July 5 1935

19. UNDERTAKER Chenoweth & Son.
(Address) 36-517 Chestnut Ave

20. FILED July 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-1 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-11-35 19..., to 7-1 1935

I last saw h.. alive on 7-1-35 19... Death is said to have occurred on the date stated above, at 6:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Gangrene Lt Leg	

Other contributory causes of importance:

Acute Cardiac failure

Was an operation performed? Yes Date of 6-26-35

For what disease or injury? Diabetis Gangrene

Name of operation Amputation Leg Date of 6-26-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Philip R. Dooley M. D.

(Address) 711 Penn. Ave.

M. D. B. 12-30

F 14084

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 15

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 8 Ward)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 5 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Jane Hanrahan

(a) Residence: No. 1924 N. Washington St., ... Ward. X
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Infant

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) December 28, 1934

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	0	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Walter L. Hanrahan

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Ruth M. Coleman

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Walter L. Hanrahan
(Address) 1924 N. Washington St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cemetery Date July 3 '35 . 19

19. UNDERTAKER Geo. Lilling & Sons
(Address) Eastern Ave & Wisconsin St

20. FILED ... 19 ... Registrar.

JL 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema of left lung	2 days

Other contributory causes of importance: 0 0 0

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave.

M. D. P. 1268-9

F 14085

F 14085

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

3008 13 9

V 122-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mamie Scott

(a) Residence: No. 917 W Saratoga St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Widow

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912?

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 007

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va

FATHER

13. NAME Henry Redd

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME Cyan Harris

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Records

(Address) [illegible]

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Mem. Date July 2 1935

19. UNDERTAKER Wolfe Co. Funeral Dir.

(Address) [illegible]

20. FILED 3 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1935 to June 29 1935

I last saw her alive on June 29 1935 Death is said to have occurred on the date stated above, at 2 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[redacted]	
Intestinal obstruction due to adhesions	2 wks
Other contributory causes of importance:	

Name of operation Exploratory Laparotomy Date of 6-28-35

What test confirmed diagnosis? Operation (Was there an autopsy? Yes)

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Fred W Leib M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

1 S 3

M. D. B. 1268-9

F 14086

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14086

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2222 Cecil Ave 9 St., ... Ward)

Length of residence in city or town where death occurred 25 yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mattie C. Jones

(a) Residence: No. 2222 Cecil Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Russel J. Jones
6. DATE OF BIRTH (month, day, year): April 1, 1890
7. AGE — Years: 45 — Months: 3 — Days: — If LESS than 1 day, ... hrs. or ... min.:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: home
10. Date deceased last worked at this occupation (month and year): ...
11. Total time (years) spent in this occupation: ...

12. BIRTHPLACE (City or town) (State or country): Portobello Queens County Ireland

FATHER
13. NAME: James Coogan
14. BIRTHPLACE (City or town) (State or country): Queens Cyns County Ireland

MOTHER
15. MAIDEN NAME: Florence Bacon
16. BIRTHPLACE (city or town) (State or country): Balto Md

17. INFORMANT: Mr. Russel J. Jones
(Address) 2222 Cecil Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Leverwood Date July 5. 1935
19. UNDERTAKER: Heyenga & Sons
(Address) 1230 E. Broadway
Huntington Avenue

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/1 1935

22. I HEREBY CERTIFY, That I attended, deceased from Aug. 15 1932 to 6/30/35

I last saw her alive on 6/30/35 Death is said to have occurred on the date stated above, at 9 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension cardio-vascular renal disease	Aug 15/32
Coronary Thrombosis	7/1/35

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? P.E. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Joseph S. Blum M. D.
(Address) 1206 E. Pratt St

V. S. 2

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14087

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14087 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 N. Dallas St., 7 Ward)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Inez West

(a) Residence: No. 802 N. Dallas St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced ~~HUSBAND~~ (or) WIFE of Lindsay West

6. DATE OF BIRTH (month, day, year) May 10, 1908

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	27	1	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hampton (State or country) Virginia

FATHER

13. NAME Offie Chavers

14. BIRTHPLACE (city or town) — (State or country) Virginia

MOTHER

15. MAIDEN NAME Izabelle Wright

16. BIRTHPLACE (city or town) — (State or country) Virginia

17. INFORMANT Lindsay West
(Address) 802 N. Dallas St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date 7/5, 1935

19. UNDERTAKER Robert L. Young
(Address) 800 N. Caroline St.

20. FILED ... 19... Registrar.

7-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19... to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Nephritis	1 Month
Other contributory causes of importance:	
Uremia	

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenker, M. D. Coroner

(Address) 919 E. North Ave.

Avon

F 14088

F 14088

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 36

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland General Hospital St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Edith Avon

(a) Residence: No. 3218 Avon Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 17 1910

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
25	4	15 14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Saleslady - Dress Shop

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) South Williamston Md

FATHER

13. NAME Sibril Avon

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah Edwards

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Maryland Cemetery, Date June 5, 1935

19. UNDERTAKER Josiah Griffin

(Address) 1610 E. Pratt St. Huntington Williamson, W. Va.

20. FILED 3-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-8-, 1935, to 7-2, 1935

I last saw her alive on 7-2, 1935. Death is said to have occurred on the date stated above, at 1:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicaemia Streptococcus	5-8-35
Other contributory causes of importance: Broncho pneumonia	over

Was an operation performed? yes Date of 6-16-35

For what disease or injury? Found no abscess

Name of operation Incision and Drainage Date of 6-16-35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) John N Bergalis M. D.

(Address) Maryland General Hosp

M. D. B 1268-9

F 14089

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14089

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 27 Ward)

Length of residence in city or town where death occurred 1/ yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Hunginton D. Sawkins

(a) Residence: No. 3022 Northway Drive St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M.	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maria Sawkins

6. DATE OF BIRTH (month, day, year) Nov. 6, 1888

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	46	8 7	4 25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Comercial Inventor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ..... 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Harry Sawkins

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME May Hunginton

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Marie Sawkins

(Address) 1311 N Patterson Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem Date July 6 35

19. UNDERTAKER Worsdell J. Diffel

(Address) 1406 Gough St Huntington Williams, N.Y.

20. FILED 7-1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Disease of Heart	
(Aortic Insufficincy)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. H. C. Adkins M. D.

(Address) 3737 Co. Woods Co

F 14090 ✓ F 14090

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-a

1. PLACE OF DEATH — Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 903 N. Fulton Ave. St. 16 Ward)

Length of residence in city or town where death occurred 80 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Laura Virginia Burton

(a) Residence: No. 903 N. Fulton Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of I Dixon Burton

6. DATE OF BIRTH (month, day, year) Dec. 15. 1855

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
79	7 6	13 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Thomas Allard

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Elizabeth Banberger

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Francis F. Knecht

(Address) Halethorpe Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 5. 1935

19. UNDERTAKER George J. Smith

(Address) 1900 Eutaw Place

20. FILED 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 , 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st 1935 to July 2 1935

I last saw h[illegible] alive on July 2 1935 Death is said to have occurred on the date stated above, at 9.50 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	3 Mo
Tachycardia	
Other contributory causes of importance:	
Syncope & Heart failure	One Mo

Was an operation performed? No Date of ...

For what disease or injury? No

Name of operation ... Date of ...

What test confirmed diagnosis? Aut. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) E. A. Knecht M. D.

(Address) 1600 N. North Ave.

OCCUPATION is very important. See instructions on back of certificate.

L 3

F 14091

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14091

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4401 Forest Park Ave 28 Ward)

Length of residence in city or town where death occurred 44 yrs. ... mos. ... da. How long in U. S. If of foreign birth 44 yrs. ... mos. ... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Etta Cohn

(a) Residence: No. 4401 Forest Park Ave Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Hyman B Cohn

6. DATE OF BIRTH (month, day, year) 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	72			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Joe Block

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mrs. I. J. Mazo - Daughter
(Address) 4401 Forest Park Ave.

18. BURIAL, CREMATION, OR REMOVAL Hebrew Washington Rd Cem. Date 7/3/35. 19

19. UNDERTAKER Louis Levin Inc
(Address) 1439 E. Baltimore St
Huntington Williams, Inc

20. FILED 7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2/35. 19

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1928 to July 2, 1935

I last saw her alive on July 2, 1935 Death is said to have occurred on the date stated above, at 9.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	July 1/35
Other contributory causes of importance: Diabetes mellitus	9 yrs
Arterio - sclerosis	15 yrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Samuel Wheeler Levine, M. D.

(Address) 1810 Eutaw Place

M. D. F. 14092

F 14092

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Maney Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Samuel H. Holsinger

(a) Residence: No. 2604 Hampden St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Married

5a. If married, widowed or divorced — HUSBAND of (or WIFE of) Susie A. Holsinger

6. DATE OF BIRTH (month, day, year) July 17 1870

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64.	11.	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired U.T.+E.Co.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Motorman

10. Date deceased last worked at this occupation (month and year) 1918

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Reading Pa.

FATHER

13. NAME Thomas F. Holsinger

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Elizabeth Schneider

16. BIRTHPLACE (city or town) (State or country) Pa.

17. INFORMANT Mrs. Susie A. Holsinger
(Address) 2604 Hampden Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 5 1935

19. UNDERTAKER Fuhrman Bros.
(Address) 3618 Eastern Ave.

20. FILED July 5 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/23, 1935 to 7/2, 1935

I last saw deceased alive on 7/2, 1935. Death is said to have occurred on the date stated above, at 5:40 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	4/23/35

Other contributory causes of importance:

Arter. C.V. disease, mitral	?
Emphysema (?)	?
Chronic myocarditis	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edward F. Figure M. D.

(Address) Maney Hospital

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

E 14093

HEALTH DEPARTMENT—CITY OF BALTIMORE

14093

CERTIFICATE OF DEATH

✓ 95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 N Brice St. 70 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME FRANCES TOMASLEWSKY

(a) Residence: No. 429 N. Brice St. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F | 4. Color or Race W. | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1899

7. AGE 36 Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Rafole Tomaslewski

14. BIRTHPLACE (city or town) (State or country) Lithuania

MOTHER

15. MAIDEN NAME Salomia Visinskas

16. BIRTHPLACE (city or town) (State or country) Lithuania

17. INFORMANT Elizabeth Tomaslewski

(Address) 429 N Brice St.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date July 5, 1935

19. UNDERTAKER John Grabliauckas

(Address) 1423 S Paca St.

20. FILED JUL 5 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/25 1935 to 7/2 1935

I last saw h[illegible] alive on 7/2 1935 Death is said to have occurred on the date stated above, at 11:30 m. PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardio-Renal Disease	(?)

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Signs Was there an autopsy? No

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed E. N. Dayeen M. D.

(Address) 1326 W. Fayette

M. D. B. 1268-B

F 14094

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14094

186-a

Registered No. .....

1. PLACE OF DEATH St Agnes Hospital

CITY OF BALTIMORE: (No. ..... St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Nora Gaffin

(a) Residence: No. 404 Lyndhurst St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 7 May 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Martinsburg West Virginia

FATHER

13. NAME Morris Griffin

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs Mary Frank

(Address) 404 Lyndhurst ave

18. BURIAL, CREMATION, OR REMOVAL St Joseph's Martinsburg W Va Date 7/4 1935

19. UNDERTAKER Leeman Cook

(Address) 1217 St Paul St.

20. FILED JUL 5 1935 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-35 4:30 AM 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 to ..... 19.....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured L. Hip (Fall)	6-26
Followed by Pneumonia (Hypostatic)	
Other contributory causes of importance: General Debility (not sick)	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 26 1935

Where did injury occur? In her home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on floor

Nature of injury Fracture Femur L Hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Thos. H Phillips M. D.

Coroner

(Address) 1939 Edmondson Ave

F 14095 F 14095

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 943 N. Calvert St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

Life

2. FULL NAME Boda F. McClean

If U. S. Veteran, specify WAR Spanish American

(a) Residence: No. 943 N. Calvert St., Ward.

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, ~~Married, Widowed or Divorced~~ (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 18th 1865

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired - Sailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Navy

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel C. McClean

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Anna Daley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT May McClean

(Address) 943 N. Calvert St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 5th 1935

19. UNDERTAKER Wm Groff

(Address) 1217 St Paul St

20. FILED JUL 8 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1935 to July 2nd, 1935

I last saw him alive on July 1, 1935. Death is said to have occurred on the date stated above 2:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Chronic myocarditis	

Other contributory causes of importance

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Albert Scaquetti, M. D.

(Address) 1729 W. Lombard St

F 14096

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14096

CERTIFICATE OF DEATH

108

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., ... Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Ben Butterfield

(a) Residence: No. 1703 Alicanna St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ——

6. DATE OF BIRTH (month, day, year) 12/23/1894.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
40	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Seaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bull S. S. Co

10. Date deceased last worked at this occupation (month, year) 1935 | 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (city or town) (State or country) Camden, Maine

FATHER

13. NAME William V. Butterfield

14. BIRTHPLACE (city or town) (State or country) Conn.

MOTHER

15. MAIDEN NAME Lydia Dunscombe

16. BIRTHPLACE (city or town) (State or country) Bermuda.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7/4 1935

19. UNDERTAKER Freeman & Cook

(Address) 1217 St Paul Street

20. FILED 7-3-1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1935 to 7/1, 1935

I last saw him alive on 7/1, 1935 Death is said to have occurred on the date stated above, at 1:55 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	5 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

14097 ✓ F 14097

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. ..... St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Miller

(a) Residence: No. 20 N. Vincent St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) 6-28-35

7. AGE	Years	Months	Days	If LESS than 1 day, 3 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Leonard Miller

14. BIRTHPLACE (city or town) (State or country) N. Carolina

MOTHER

15. MAIDEN NAME Grecia Mills

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Grecia Mills
(Address) 20 N. Vincent St.

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md. Date June 3, 1935

19. UNDERTAKER [illegible]
(Address) [illegible]

20. FILED ..... 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-28-35. 19

22. I HEREBY CERTIFY, That I attended deceased from 6-28-35. 19 ... to 6-28-35. 19 ...

I last saw him alive on 6-28-35. 19 ... Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity 316 402.	

Other contributory causes of importance:
Maternal Premature Separation Placenta

Name of operation None Date of ...

What test confirmed diagnosis? C. Lw. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Hugh R. Jackson M. D.

(Address) Univ. Hosp.

M. D. P. 1268-9

1098

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 11098

CERTIFICATE OF DEATH

170

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St Joseph Hospt. St., N Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anthony Sulis

(a) Residence: No. 4204 Raspe Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Sulis

6. DATE OF BIRTH (month, day, year) February 17, 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53	4	14,5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Wholesale Grocery. 0009

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME Michael Sulis

14. BIRTHPLACE (city or town) (State or country) Scotland

MOTHER

15. MAIDEN NAME Anna Skrado

16. BIRTHPLACE (city or town) (State or country) Bohemia

17. INFORMANT Anna Sulis

(Address) 4204 Raspe Ave

18. BURIAL, CREMATION, OR REMOVAL

Holy Redeemer Cem. Date 7/5 1935

19. UNDERTAKER Leonard J. Reich

(Address) 5305 Harford Rd

20. FILED 7-5-1935 Pinkington for Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29 1935 to July 2 1935

I last saw h. alive on July 2 1935. Death is said to have occurred on the date stated above, at 12 N m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Cysto colitis	
Other contributory causes of importance:	

Name of operation V Date of V

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 1935

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H M Wagner Jr M. D.

(Address)

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-6

F 14099

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14099

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anderson Lee

(a) Residence: No. 421 Pine St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

8a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Lee

6. DATE OF BIRTH (month, day, year) Dec 25 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer ptr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Richmond Co. Virginia

FATHER

13. NAME John Lee

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Harriet Brown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Addie Lee (Sister)

(Address) 601 S. Paca St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/3/35 19

19. UNDERTAKER Mrs. George E. Holland

(Address) 1631 Druid Hill Ave Huntington Indiana

20. FILED 3 1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 9.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	June 29

Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Coroner

(Address) 1016 S. Edmond Ave.

M. D. B 1268-9

F 14100

14100

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

160-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 26 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Baby Boy Mc Donough

(a) Residence: No. 5706 Knell Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Infant

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 30-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	—	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — none

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Patrick Mc Donough

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Marie C. Stieb

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Patrick Mc Donough
(Address) 5706 Knell ave.

18. BURIAL, CREMATION, OR REMOVAL
Place J. H. Med School Date July 3, 1935

19. UNDERTAKER
(Address)

20. FILED 3 1935 Huntington Wilson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage } Birth injury	18 hrs
Fractured clavicle (Rt.) }	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify ...

(Signed) Paul Schenter, M. D. Coroner

(Address) 1919 E. North Ave.

F 14101

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93D

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., Ward) 15
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Robert E. Thomas
(a) Residence: No. 2911 Chelsea Terrace St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Virginia M.

6. DATE OF BIRTH (month, day, year) 5/8/1864.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Window cleaning
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business (Self)
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Anne Arundel Co Md.

FATHER
13. NAME Delaware C. Thomas
14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER
15. MAIDEN NAME Katherine Franklin
16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Wife-Virginia M. Thomas
(Address) 2911 Chelsea Terrace

18. BURIAL, CREMATION, OR REMOVAL
Place Washington D.C. Date July 5 1935

19. UNDERTAKER Wm. Tickner & Sons
(Address) North & Paca Sts.

20. FILED 7-3-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/28, 1935 to 7/2, 1935

I last saw him alive on 7/2, 1935 Death is said to have occurred on the date stated above, at 8½ p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	?
	?

Other contributory causes of importance: none.

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A. Reitz, M. D.
(Address) Balto City Hosp.

VS 3

11102 E 11102

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., ... Ward) 26 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. 5 mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William J Dunphy

(a) Residence: No. 614 N Boulden St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Elizabeth Dunphy

6. DATE OF BIRTH (month, day, year) 12/29/1885

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	49	6	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1040

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Patrick Dunphy

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Susan Fenan

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem Date July 5 1935

19. UNDERTAKER Wm J Tickner & Son
(Address) North & Ruxton Aves

20. FILED 3 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/27 1935 to 7/2 1935

I last saw him alive on 7/2 1935 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	3 wks

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B. 1268-B

14103

F 14103

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 727 Evesham Ave St., Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Raymond Martin

(a) Residence: No. 727 Evesham Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Veith Martin

6. DATE OF BIRTH (month, day, year) Aug. 28, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
41	10	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 666

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Ind Cassimere

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 14 yrs.

12. BIRTHPLACE (city or town) (State or country) Belair Md.

FATHER

13. NAME Richard A Martin

14. BIRTHPLACE (city or town) (State or country) Md, Harford County

MOTHER

15. MAIDEN NAME Louisa Smith

16. BIRTHPLACE (city or town) (State or country) Harford County Md

17. INFORMANT Mrs. Margaret V. Martin

(Address) 727 Evesham Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Pikesville, Md. Date 7/4 1935

19. UNDERTAKER Solomon Lemmon.

(Address) 701 Pennsylvania Ave.

20. FILED 7-4-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935, to July 2, 1935.

I last saw h alive on July 1, 1935. Death is said to have occurred on the date stated above, at 12:32 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Primary Chronic Myocarditis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. D.

(Address) 3600 York Rd.

7. 14104 ✓ 7. 14104

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 616 Park Ave. St., Ward) 11 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 85? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? 85 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Moore

(a) Residence: No. 616 Park Ave. St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Sept. 8 - 1838

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	96	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME William Moore

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Rose Reilly

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Mrs. Thos. Moore

(Address) 2823 W. Fayette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Date July 5 35

19. UNDERTAKER Margaret E. Flynn

(Address) 710 N. Gilmor St

19a. FILED 3 - 1935 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 - 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27 1935 to July 2 1935

I last saw h[illegible] alive on July 2 1935. Death is said to have occurred on the date stated above, at 6.42 a m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset May 27

Myocarditis — 6 yrs.

over

Other contributory causes of importance:

Generalized Arteriosclerosis — 6 yrs.

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Thomas J. White M. D.

(Address) 532 - 6 Ave

Blanche A. Mathews F 14105

14105

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St., Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. 5 mos. 3 da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR

2. FULL NAME Mrs. Blanche A. Mathews

(a) Residence: No. 2811 Oak Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. Color or Race W

5. ~~Single~~, Married, ~~Widowed~~, or ~~Divorced~~ (write the word) Married

5a. If married, widowed, or divorced ~~Husband~~ (or) WIFE of Chas L. Mathews

6. DATE OF BIRTH (month, day, year) Jan 29-1883

7. AGE — Years 52 — Months 5 — Days 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Own Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME Alexander Johnson Jr.

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Rosa Jones

16. BIRTHPLACE (city or town) (State or country) Gettysburg Pa

17. INFORMANT Chas L Mathews

(Address) 2811 Oak St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cemetery Date July 5 35

19. UNDERTAKER Fortiano & Son

(Address) 1324 N. Charles St.

20. FILED 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2-~~1935~~ 1935 to July 2nd 1935. I last saw her alive on July 2nd 1935. Death is said to have occurred on the date stated above at 11 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary occlusion

Arteriosclerosis

Date of onset July 2nd, 1935

Other contributory causes of importance

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

14106 ✓ E 14106

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4800 Keswick Road, Roland Park) (Ward) 27

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 86 yrs. 6 mos. 1 da. How long in U. S. if of foreign birth? yrs. mos. da.

2. FULL NAME John Thomas Brooks.

(a) Residence: No. 4800 Keswick Road Roland Park. Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Ella Lord Brooks.

6. DATE OF BIRTH (month, day, year) Jan. 1, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	6	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired. Chemist 026

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Benedict J. Brooks.

14. BIRTHPLACE (city or town) (State or country) Georgetown Washington.

MOTHER

15. MAIDEN NAME Sarah Ann Dennis.

16. BIRTHPLACE (city or town) (State or country) Charlestown Maryland

17. INFORMANT Mr. Wilbur Brooks.
(Address) 4800 Keswick Rd. Roland Park.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 4 1935

19. UNDERTAKER Henry W. Meamsdow.
(Address) 805 N. Calvert St.

20. FILED Huntington Millspaugh, Reg
Registrar.

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1 1935 to 7-2 1935

I last saw him alive on 7-2 1935 Death is said to have occurred on the date stated above, at 7.15 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1930?

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) John A. Jones, M. D.

(Address) 1129 St. Paul St.

M. D. F 1268-B

F 14107 ✓ F 14107

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., Ward) 7

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence McDaniels

(a) Residence: No. Main St. St., Ward. Sykesville, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) Sept 11th 1919

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year) ✗

11. Total time (years) spent in this occupation ✗

12. BIRTHPLACE (State or country) Md

FATHER

13. NAME Walter B. McDaniel

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Clara Barth

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT W. D. McDaniel

(Address) Sykesville Md

18. BURIAL, CREMATION, OR REMOVAL

Place Sykesville Date 7/6/35

19. UNDERTAKER Weer & Son

(Address) Sykesville Md

FILED JUL 3 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:40 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurism of right central artery. (Origin Unknown)	

Other contributory causes of importance:

Sub-arachnoid hemorrhage

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1919 E. North Ave.

F 14108 F 14108

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

97 Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 3220 Overland Ave (St.) Ward) 27
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Ida R. Compton

(a) Residence: No. 3220 Overland Ave (St.) Ward.
(Usual place of abode) 12 years (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or race: White
5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced, HUSBAND (or) WIFE of: Jastha A Compton

6. DATE OF BIRTH (month, day, year): March 3rd 1859

7. AGE: Years 76 | Months 3 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self 0037
10. Date deceased last worked at this occupation (month and year): A
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER
13. NAME: Samuel Horner
14. BIRTHPLACE (city or town) (State or country): Unknown

MOTHER
15. MAIDEN NAME: Elmira Steward
16. BIRTHPLACE (city or town) (State or country): Pennsylvania

17. INFORMANT: H. B. Aldrich
(Address) 3220 Overland Ave Baltimore, Md

18. BURIAL, CREMATION, OR REMOVAL: Place Northwood Cemetery Date 7/6 1935

19. UNDERTAKER: Williams Cook
(Address) 217 S E Paul Street

20. FILED JUL 4 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2nd 1935

22. I HEREBY CERTIFY, That I attended deceased from May 28th 1935 to July 2nd 1935
I last saw her alive on July 2nd 1935 Death is said to have occurred on the date stated above, at 7:30 P.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Arteriosclerosis — Date of onset: May 28

Other contributory causes of importance:
Coma — 2 days

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify
(Signed) Robert L. Kirk M.D.
(Address) 3126 Harford Rd

4

M. D. F. 1935 F 14109 ✓ F 14109

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 710 N. Bouldin St., Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Ella M. Ichsamm.

(a) Residence: No. 710 N. Bouldin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Charles Ichsamm.

6. DATE OF BIRTH (month, day, year) Oct 2-1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
55	54	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wife 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Joseph H. Terry

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Jane E. Minor

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Eustis Warby (Address) 3432 Ronwood Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 5, 1935

19. UNDERTAKER Wendell L. Turner (Address) 1405 Edmondson Ave

JUL 4 1935

21. Filed

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-2-35

I HEREBY CERTIFY, That I attended deceased from June 1 1935 to 7-2-35 19..

I last saw alive on 7-2-35 19.. Death is said to have occurred on the date stated above, at 4:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 1 35
Hypertension	
Other contributory causes of importance:	
Cerebral Hemorrhage	
acute Cardiac Dilatation	

Name of operation ..... Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signature) Fred Rogers M. D.

(Address) 710 N. Bouldin St.

M. D. P. 1958-9

F 14110

F 14110

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95B

1. PLACE OF DEATH Helen Home for Aged & Infirm

CITY OF BALTIMORE: (No. Belvedere & Greenspring Ward) 27

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? over 10 yrs. mos. ds.

over 10 years

2. FULL NAME Mary Goren

(a) Residence: No. Belvedere & Greenspring St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country) Unknown.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Sigmund Goren) Belvedere & Greenspring

18. BURIAL, CREMATION, OR REMOVAL Place Hebrew Mt. Carmel Date 7-4 35

19. UNDERTAKER Jack Levin Inc. (Address) 1734 E. Balto. St.

20. FILED 7-4-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-29, 1931, to 7-3, 1935

I last saw h[illegible] alive on 7-3, 1935 Death is said to have occurred on the date stated above, at 7.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio sclerosis	
Chr. Card. Vascular disease	

Other contributory causes of importance:

Chr. Bronchitis
Emphysema
Cataracts both eyes

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

25. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, what?

(Signed) P. Edmund Levin M. D.

(Address) Levindale

F 14111 ✓ F 14111

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Monterey Apts. 2400 Linden Ave. St., Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Addie Fay Mayer

(a) Residence: No. 2400 Linden Ave. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Sidney Mayer

6. DATE OF BIRTH (month, day, year) Apr. 12, 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph J. Fay

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Belle Herzog

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT (Address) Mr. Sidney Mayer 2400 Linden Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Heb. Friendship Date July 5, 1935

19. UNDERTAKER David Sondheim & Son (Address) 1902 Eutaw Place.

20. FILED 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/20/35, 19..., to 7/3/35, 19...

I last saw her alive on 7/3/35, 19... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other contributory causes of importance:	

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Hilton Smith M. D.

(Address) 817 Park Ave.

F 14112

F 14112

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., ... Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..yrs. Life mos. ..ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Anne Francis

(a) Residence: No. 215 N. Caroline St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry

6. DATE OF BIRTH (month, day, year) 12/20/1869

7. AGE Years	Months	Days	If LESS than 1 day, ..hrs. or min.
65	6	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME James Spencer

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Frances Newman

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Daughter.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Asbury Cem Date 7/6/35 19

19. UNDERTAKER J. Fred Williams

(Address) 1518 N. Eutaw St.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18 1935 to 7/2 1935

I last saw her alive on 7/2 1935 Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert H. Bayley M. D.

(Address) Balto City Hosp

M. D. B. 12

F 14113 Clancy ✓ F 14113

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. St. Joseph Hospital St., Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Leo J. Clancy

(a) Residence: No. 430 E. 28th St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) Mar. 17, 1892

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
43	3	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auditor at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore Drydock

10. Date deceased last worked at this occupation (month, day, year) April 1935

11. Total time (years) spent in this occupation 20yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME James E Clancy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Bridget Hagan

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs. Bridget Clancy

(Address) 430 E. 28 St

18. BURIAL, CREMATION, OR REMOVAL

Place Cathedral Cemetery Date July 5, 1935

19. UNDERTAKER Elmer H. Conklin

(Address) 724 E. Eager St.

20. FILED July 4 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to July 3, 1935

I last saw h in alive on July 3, 1935. Death is said to have occurred on the date stated above, at 12:05 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Arteriosclerosis	
2. Chronic myocarditis	
3. Pyo-nephritis	

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Wagenmueller, M. D.

(Address)

L 4 - 1935

F 14114 ✓ F 14114

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

127

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3701 Foster Ave St., 26 Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Anna Marie Fiedler Goetz

(a) Residence: No. 3701 Foster Ave St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christopher Goetz

6. DATE OF BIRTH (month, day, year) April 23 1859

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
76	10 2	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME George Scherbel

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Weise

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George Goetz son

(Address) 3701 foster ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 5 1935

19. UNDERTAKER Lilly & Sons

(Address) 413 S Monroe St

20. FILED JUL 4 1935 Harrington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 35

22. I HEREBY CERTIFY, That I attended deceased from June 18 1935 to July 2 1935

I last saw her alive on July 2 1935 Death is said to have occurred on the date stated above, at 345 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis June 18	1935
Chr Cholecystitis	1932

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arnold J. Lehman M. D.

(Address) 3507 Fait Ave

F 14115 ✓ F 14115

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital, 7th Div. Registered No.

CITY OF BALTIMORE: (No. ..... St., ... Ward) 26 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James G. Schmith

(a) Residence: No. 709 S. Baylis Av. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ of Adelaide Schmith

6. DATE OF BIRTH (month, day, year) August 5, 1884

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
50	10	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brewery Worker 6086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 30, 1934

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Joseph Schmith

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Balto., Md

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Heart Date July 6, 1935

19. UNDERTAKER Lilly & Feilstein
(Address) 403 S. Monroe

20. FILED 1935 Huntington Williams, Reg.

L4-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1934 to July 2, 1935.

I last saw him alive on July 2, 1935. Death is said to have occurred on the date stated above, at 2:25 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	June 1934
Other contributory causes of importance:	

Was an operation performed? yes. Date of April 15, 1935

For what disease or injury? Pulm. Tb.

Name of operation Thoracoplasty Date of 4/15/35

What test confirmed diagnosis? Clin. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hosp.

M. D. B 1268-9

F 14116

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117a

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Balto. Genral Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John J. Nuedling

(a) Residence: No. 3022 Windsor Ave. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Philomena Nuedling

6. DATE OF BIRTH (month, day, year) May 2 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6015

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Josephine Loughner

(Address) 3022 Windsor Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Date July 5/ 1935

19. UNDERTAKER Lilly & Zeilenga

(Address) 403 S. Wolf St.

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 6-7 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Coronary Arterio Sc.	

Other contributory causes of importance: Obstruction of Stomach Pulmonary Edema

Name of operation None Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) ... M. D. Coroner

(Address) 216 Hanover

M. D. B 1268-9

F 14117

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14117

CERTIFICATE OF DEATH

94B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 E. 20th St. St., ... Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Johns Chase Phillips

(a) Residence: No. 220 E. 20th St St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helen M Phillips

6. DATE OF BIRTH (month, day, year) Feb 9, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	78	4	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insp Agt

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Dept

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Not known

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Miss Storey

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Helen M Phillips
(Address) 220 E. 20th St

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 5, 1935

19. UNDERTAKER Albert W Berkey
(Address) 440 E North Ave

20. FILED July 6 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Block	?
Other contributory causes of importance: Arteriosclerosis	?
Coronary disease	?

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) C. H. Hindenlang M. D.
Coroner

(Address) Coroner

M. D. B. 1268-9

F 14118

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14118

CERTIFICATE OF DEATH

107a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2538 McCulloh St., Ward) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jane Sherrod

(a) Residence: No. 2538 McCulloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	colored	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Melvin Sherrod

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

MOTHER FATHER

13. NAME ?

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rosie White

(Address) 2538 McCulloh Street

18. BURIAL, CREMATION, OR REMOVAL

Place Bth Auburn Cem. Date July 4 - 1935

19. UNDERTAKER Mrs. Geo. E. Holland

(Address) 631 Druid Hill Ave.

20. FILED 4-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 2, 1935

I last saw h[illegible] alive on July 2, 1935 Death is said to have occurred on the date stated above, at 1:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	6/29/35
Cystitis	1 mo.

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, [illegible]

(Signed) Bradham Higgins M. D.

(Address) 2243 Madison Ave.

M. D. P. 1268-9

F 14119

F 14119

301158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. ..... St., ... Ward) 07

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Robert Zelonak

(a) Residence: No. 6801 Youngstown ave St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) 5-13-34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Richard Zelonak

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Glyowski

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Records

(Address) Johns Hopkins Hospital

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart of Mary Date July 5 1935

19. UNDERTAKER John M Welby

(Address) 405 S Chester St

FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to July 1, 1935.

I last saw him alive on July 1, 1935. Death is said to have occurred on the date stated above, at 11 55 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset about
Acute primary lobar pneumonia.	June 26th.
Empyema (Streptococcus B)	28th

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lydia B Edwards M. D.

(Address) Johns Hopkins.

F 14120 F 14120

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

25

1. PLACE OF DEATH — Registered No. .....

CITY OF BALTIMORE: (No. Balto City Hosp St., Ward) 10 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR White

2. FULL NAME Thomas Stewart

(a) Residence: No. 901 Argyle St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept 20, 1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	77	9	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Jed

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME May Sheppard

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Phila Penna Date July 4 1935

19. UNDERTAKER Jno A Lively & Son
(Address) 409 N. Mount St

20. FILED 7-3-1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/5 1935 to 7/3 1935

I last saw him alive on 7/3 1935 Death is said to have occurred on the date stated above, at 8a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous peritonitis	
Pleurisy & effusion	May '35

Other contributory causes of importance:

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B 1208-9

F 14121

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14121

CERTIFICATE OF DEATH

Registered No. 1578

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. Balto. Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 11 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Paul G. Wagner -

(a) Residence: No. Bel Gate - Aa. Co. St., ... Ward. Bel Gate Aa Co.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1935.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	1	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ...

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Annapolis. Md.

FATHER

13. NAME Jacob. Wagner.

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

MOTHER

15. MAIDEN NAME Pauline Crewe

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT Jacob Wagner.
(Address) Bel Gat, Aa. Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Annapolis Md. Date 7 - 5 - 1935

19. UNDERTAKER D. F. Hoffman
(Address) Annapolis Md.

20. FILED ... 19... ... Registrar.

7 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 - 7 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 7 - 1 - 1935 to 7 - 7 - 1935

I last saw him alive on 7 - 4 - 1935 Death is said to have occurred on the date stated above, at 6.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia Bilat.	7-2-35
Pyloric-stenosis	6-14-35
Mal-nourishment	?

Other contributory causes of importance:

Name of operation Pyloroplasty-Rachitis Date of 7-1-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Edward Colter M. D.
(Address) University Hospital.

M. D. P. 1269

F 14122 ✓ F 14122

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

137

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., ... Ward) 15

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? 40 yrs. ..... mos. ..... ds.

2. FULL NAME Abraham Coleen

(a) Residence: No. 3808 Boarman Ave St., ... Ward. Newport News, Va.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Bella Cohen

6. DATE OF BIRTH (month, day, year) 1876

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
59			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tailor 080

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Voltzen

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Voltzen

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Harold J. Schnyer
(Address)

18. BURIAL, CREMATION, or REMOVAL
Place [illegible] Date 7/4/35

19. UNDERTAKER [illegible]
(Address) 1432 E Baltimore St

20. FILED 7-4-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-22-35, 19..., to 7-4, 1935

I last saw him alive on 7-4, 1935 Death is said to have occurred on the date stated above, at 3:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Benign prostatic hypertrophy	4 yrs ago
Bacteremia (?)	2-3 hrs
Heart failure	1-2 hrs
Terminal Pneumonia	

Other contributory causes of importance:

Hypertension, arteriosclerotic	several
cardiac disease	years

Name of operation Perineal prostatectomy Date of 7-2-35

What test confirmed diagnosis? Cystoscopy Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) D. Sandheimer, M. D.

(Address) Sinai Hospital

M. D. F 14123 ✓ F 14123

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No.

1. PLACE OF DEATH 2237 Druid Hill

CITY OF BALTIMORE: (No. St., Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos ds. How long in U. S. If of foreign birth? yrs mos ds.

2. FULL NAME Gladys Harcum

(a) Residence: No. 2237 Druid Hill St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	col	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clifton Harcum

6. DATE OF BIRTH (month, day, year) June 20, 1915

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	20		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 10-27

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mississippi

MOTHER FATHER

13. NAME Clarence Hyppolite

14. BIRTHPLACE (city or town) (State or country) Ga

15. MAIDEN NAME Mable McLamin

16. BIRTHPLACE (city or town) (State or country) Eastabutchie Mississippi

17. INFORMANT Susie Lankford

(Address) 2201 Druid Hill

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cemetery Date July 5th, 1935

19. UNDERTAKER Archibald C. Gaddis

(Address) 2101 McCulloh St.

20. FILED JUL 5 - 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1935 to July 2, 1935

I last saw her alive on July 2, 1935. Death is said to have occurred on the date stated above, at 7 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema	7 wks
Other contributory causes of importance:	
Lobar Pneumonia	3 wks

Name of operation Aspiration Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Bradford Higgins, M. D.

(Address) 2243 Madison

F 14124

Thomsia Long

✓ F 14124

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 127

Registered No.

1. PLACE OF DEATH Maryland General Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.) St., Ward) 11

Length of residence in city or town where death occurred yrs. mos. 4 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mrs. (~~Thomsia~~) Long

If U. S. Veteran specify WAR

(a) Residence: No. Westminster St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) July 3 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60 59	11	16 17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. home wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0 3 7

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Co. Maryland

FATHER

13. NAME Geo P. Long

14. BIRTHPLACE (city or town) (State or country) Frederick Co Maryland

MOTHER

15. MAIDEN NAME Mary Zimmerman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Harry Long

(Address) Westminster Md

18. BURIAL, CREMATION, OR REMOVAL

Place Meadow Branch Date July 6 1935

19. UNDERTAKER H Bankard & Son

(Address) Westminster Md

20. FILED JUL 8 1935 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 5 1935

I last saw h er alive on July 4 1935 Death is said to have occurred on the date stated above, at 1:43 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic cholecystalitis	
Other contributory causes of importance: Chronic myocarditis	

Was an operation performed? Yes Date of 7-3-35

For what disease or injury? Gall bladder disease

Name of operation Cholecystectomy Date of 7-3-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John W Barnes M. D.

(Address) Maryland General Hosp

M. D. B 120

F 14125

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14125

CERTIFICATE OF DEATH

120

1. PLACE OF DEATH 910 Edmondson Ave

CITY OF BALTIMORE: (No. 910 Edmondson Ave St., 18 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 38 yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME William H. Carter

(a) Residence: No. 910 Edmondson Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 11 1897

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	38	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year) 2 1935

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Samuel Carter

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Eliza Dean

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Esther Carter

(Address) 910 Edmondson Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem. Date 7/5/ 1935

19. UNDERTAKER Frances A. Hemsley

(Address) 578 W Biddle St.

20. FILED ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 p.m.

The principal cause of death and related causes of importance were as follows:

Pneumonia of the Lungs, (Primary)

Date of onset

Other contributory causes of importance: Ulceration of Intestines

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) O. Kaye M. D.

Coroner

(Address) 216 Hanover

M. D. B. 1268-9

✓ F 14126

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14126

CERTIFICATE OF DEATH

35

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) University Hosp St., ... Ward) 11

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city where death occurred, 19 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ~~Lucy Lancaster~~ Lucy Robinson

(a) Residence: No. 2318 Division St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	married

5a. If married, widowed or divorced (or) WIFE of John Robinson

6. DATE OF BIRTH (month, day, year) Mar 11th 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
44	3	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) virginia

FATHER

13. NAME Wm George Landers

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT John Robinson (Address) 2318 Division St

18. BURIAL, CREMATION, OR REMOVAL Place Wm Calvary Cem Date July 5th 1935

19. UNDERTAKER Mrs Effie A. Elliott (Address) 1129 Pennsylvania Ave

20. FILED ..... 19 ..... Registrar.

7-5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30 1935 to July 1 1935

I last saw alive on July 1 1935. Death is said to have occurred on the date stated above, at 2:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uterine fibroids	?
Pelvic abscess	

Other contributory causes of importance:

Generalized peritonitis	
Intestinal obstruction	

Name of operation colpotomy & Laparotomy Date of 6/30/35

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) John C. Duncan M. D.

(Address) Emergency Hospital

M. D. P. 1268-9

✓ F 14127

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14127 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. West Baltimore General Hosp. St., Ward) 11

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Frank B. Hooper

(a) Residence: No. 1209 Eutaw Pl. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Margaret T. Hooper

6. DATE OF BIRTH (month, day, year) March 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
74	74	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

FATHER

13. NAME William Hooper

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Emily Gladding

16. BIRTHPLACE (city or town) (State or country) Baltimore Money, Md.

17. INFORMANT Mrs. Emily Hooper

(Address) 1209 Eutaw Place

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Cemetery Date July 5 1935

19. UNDERTAKER Kenny N. Jenkins Sons Co

(Address) McCulloh & Eutaw Sts Huntington Avenue, Md.

20. FILED 5-1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from April 22 . 1935 to July 3 . 1935

I last saw him alive on July 3 . 1935 Death is said to have occurred on the date stated above, at 7:45 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Hypertension Cardio-Vascular Renal Disease	(Years)
Other contributory causes of importance:	
Hypertrophy Prostate Gland	
Supra pubic Prostatectomy	

Name of operation Supra pubic Prostatectomy Date of 5/13

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Leon Ackerman M. D.

(Address) 1721 W. North Ave.

✓F 14128

F 14128 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

95a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 220 Northway St., Ward) 27 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Grace F. Miller

(a) Residence: No. 220 Northway St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence A. Miller

6. DATE OF BIRTH (month, day, year) June 13, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0027

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Henry M. Chalmers

14. BIRTHPLACE (city or town) (State or country) Baltimore. Md.

MOTHER

15. MAIDEN NAME Emma Gants

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mr. Clarence Miller
(Address) 220 Northway

18. BURIAL, CREMATION, OR REMOVAL
Place Druid Ridge Date July 6th 1935

19. UNDERTAKER Wm J. Tuckner & Sons
(Address) Lynch & Pimmel Accs Huntington Millinaire, W. Va.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 4 1935
I last saw h[illegible] alive on July 3rd 1935. Death is said to have occurred on the date stated above, at 3.20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertension Coronary thrombosis	
Other contributory causes of importance: Terminal renal insufficiency	

Was an operation performed? No Date of .....

For what disease or injury? —

Name of operation — Date of .....

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Henry M. Thomas Jr. M. D.

(Address) 1201 N. Calvert St

M. D. F. 17C-9

Fooks ✓ F 14129

F 14129

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 1170

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward) 4

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Nelson H. Fooks

(a) Residence: No. Easton, Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Nellie P. Fooks

6. DATE OF BIRTH (month, day, year): Sept. 25. 1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Proprietor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Canning Co. 086

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: George W. Fooks

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Sarah E. Causey

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Records University Hospital

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place: East Newmarket, Md Date: July 5, 1935

19. UNDERTAKER: Joel H. Cook

(Address): 1903 E. Baltimore St.

20. FILED July 5 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1935, to 7/5/35, 19

I last saw him alive on 7/5/35, 19 Death is said to have occurred on the date stated above, at 4 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Typhoid fever & Coryleth obstruction	
Acute myocardial failure	7/5/35

Other contributory causes of importance:

Name of operation: Retroperitoneal Gastrostomy Date of: 6/29/35

What test confirmed diagnosis? Typhoid Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Howard MacKenzie Jr., M. D.

(Address) University Hospital.

M. D. B. 3268-9

✓ F 14130

F 14130 HEALTH DEPARTMENT—CITY OF BALTIMORE

X 82a

CERTIFICATE OF DEATH

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Aves St., Ward) 25 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Maggie Phillips (Margaret Phillips)

(a) Residence: No. Ingleside Ave, Catonsville, Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lemuel Phillips

6. DATE OF BIRTH (month, day, year) August 17, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
70	69	10	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0321

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Maryland

FATHER

13. NAME Thomas Musgrave

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mr. Lemuel Phillips

(Address) Ingleside Ave nr Johnny Cake Rd

18. BURIAL, CREMATION, OR REMOVAL Oakland Cemetery

Place Catonsville, Md. Date July 5, 1935

19. UNDERTAKER Wm. H. Cook

(Address) 1005 N. Baltimore

20. FILED JUL 5 - 1935 Functor Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1935 to July 3, 1935

I last saw her alive on July 3, 1935 Death is said to have occurred on the date stated above, at 5:15 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Essential hypertension	?
Cerebral hemorrhages 1st 1930, 2nd 1934, 3rd	C 12/3/35
~~Pneumonia~~	
Hypostatic pneumonia	C 12/8/35
	?
	?

Other contributory causes of importance:

arteriosclerosis

senility

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert F. Negley M. D.

(Address) St. Agnes' Hospital

M. D. B. 1268-9

F 14131 ✓ F 14131

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14131 46B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2328 Riggs Ave St., ... Ward) 16

Length of residence in city or town where death occurred 14 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Joseph J. KNAPP For War Service

(a) Residence: No. 2328 Riggs Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Elsie G. Knapp

6. DATE OF BIRTH (month, day, year): Aug 15 1877

7. AGE: Years 57 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tavern Keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore

MOTHER FATHER

13. NAME: Louis Knapp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Alice Evans

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Elsie G. Knapp
(Address) 2328 Riggs Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Balto Cem Date: 7/5/35

19. UNDERTAKER: Philip Sterling Sons
(Address) 2016 Eutaw Pl Baltimore, Md
Huntington West Va.

20. FILED ... 19 ... Registrar.

5-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 2 1935

22. I HEREBY CERTIFY, That I attended deceased from June 27 1935 to July 2 1935

I last saw him alive on July 2 1935. Death is said to have occurred on the date stated above, at 11:35 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Secondary Anemia.	Syrs.
2. Carcinoma of Stomach	4 yrs
3. Peritonitis	1 yr 2 m
Gall stones -	
Other contributory causes of importance: Carcinomatosis	9 mos
Cardiac Dilatation (Tuberculosis of Lungs 1934)	3 da.

Name of operation: Laparotomy Date of: Oct 6/34

What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) E. A. Evans M. D.

(Address) 806 N Fulton Ave

M. D. F 1268-9

Jasienicki

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 14132

F 14132

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2334 E Fayette St. Ward) 6

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Jasinnicki

(a) Residence: No. 2334 E Fayette St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Walter Jasinnicki

6. DATE OF BIRTH (month, day, year): Oct 12 1881

7. AGE: Years 53 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto

FATHER

13. NAME: John Betz

14. BIRTHPLACE (city or town) (State or country): Balto

MOTHER

15. MAIDEN NAME: Catherine Hartmann

16. BIRTHPLACE (city or town) (State or country): Balto

17. INFORMANT (Address): Walter Jasinnicki 2334 E Fayette St

18. BURIAL, CREMATION, OR REMOVAL: Sacred Heart July 6 1935

Place

19. UNDERTAKER (Address): J. D. Henderson Inc. 1001 Pennsylvania Ave Huntington Williams

5-1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1935 to July 3rd 1935

I last saw her alive on July 3rd 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis

Chronic

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Adam Sod. M. D.

(Address)

S. D. P. 1208-9

✓ F 14133

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14133

95B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., Ward) 6

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. 7 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Taylor

(a) Residence: No. 208 N. Port St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles

6. DATE OF BIRTH (month, day, year) Oct. 17, 1900

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	34	9	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Samuel Taylor

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Nattie Burgan

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Date July 7 1935

19. UNDERTAKER August Pasik Inc

(Address) 516 S. Oldham St.

20. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to July 4 1935

I last saw h... alive on July 4 1935 Death is said to have occurred on the date stated above, at 1 30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatic Carditis-Vascular disease	1917
Other contributory causes of importance: Probably Subacute Bacterial Endocarditis	7-3-35

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. Grafton Hergenroeder M. D.

(Address) Mercy Hospital

M. D. B 1265-9

F 14134

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14134

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Hughey McCutcheon

(a) Residence: No. 1225 Parrish St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	S

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Malcolme McCutchen

6. DATE OF BIRTH (month, day, year) Sept 16 1906

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
28	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Auto Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S C

MOTHER FATHER

13. NAME John McCutchen

14. BIRTHPLACE (city or town) (State or country) S C

15. MAIDEN NAME Mary Emmons

16. BIRTHPLACE (city or town) (State or country) S C

17. INFORMANT Mandeline McCutchen
(Address) 1225 Parrish St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 6 1935

19. UNDERTAKER Frank W. Bruce & Son
(Address) 638 W. Fayette St

FILED 5-7-1935 19 ... Registrar Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-4 19 34 to 7-4 19 35

I last saw him alive on 7-4 1935. Death is said to have occurred on the date stated above, at 9.45 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Hemorrhage	June 1 1935
(Anemia)	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) George E. Allen M. D.
Coroner

(Address) 309 Courthouse

M. D. B. 1268-9

F 14135

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14135

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH Good Shepherd General Hospital

Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 Gilmor St., Ward) 13

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas Maitland.

(a) Residence: No. 2515 Madison Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Ernest Maitland

6. DATE OF BIRTH (month, day, year): 1860

7. AGE: Years 75; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Janitor 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): North Carolina

FATHER

13. NAME: Powell Maitland

14. BIRTHPLACE (city or town) (State or country): North Carolina

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT: Rev Jones

(Address) 817 Gilmor St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Cem Date 7/6/35

19. UNDERTAKER: Frances G. Hemsley

(Address) 578 W. Biddle St

Huntington Mortuary

FILED 5-1935 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 3, 1935

I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	3-1-35
Chronic Bronchitis	1-1-35

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Clyde J. Kelly, M. D.

(Address) 5 W Hoffman St

Spec.—8 24 14—M. & T.—2000 Blks.

F 14136 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14136

CERTIFICATE OF DEATH.

160B

REGISTERED NO. C

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 S. Paca ST.; WARD) 22 (If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

2-FULL NAME Philip Zangari Jr

(Residence in Baltimore: No 523 S. Paca St St.; ..... yrs., ... mos. ..... ds.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX. Male

4-COLOR OR RACE. White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word.) Single

6-DATE OF BIRTH, July 4th, 1935 (Month) (Day) (Year)

7-AGE. ..... yrs. ..... mos. ..... ds. If LESS than 1 day, 2 hrs. or ..... min.?

8-OCCUPATION:
(a) Trade, profession, or particular kind of work ..... Infant
(b) General nature of industry, business, or establishment in which employed (or employer) .....

9-BIRTHPLACE, (State or Country), Baltimore Md

PARENTS.

10-NAME OF FATHER, Philip Zangari

11-BIRTHPLACE OF FATHER (State or Country), Italy

12-MAIDEN NAME OF MOTHER Grace Bamberde

13-BIRTHPLACE OF MOTHER (State or Country), Scranton Pa.

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Philip Zangari

(Address) 523 S. Paca St.

15-

Filed ..... 1935 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH.

16-DATE OF DEATH, July 4, 1935 (Month) (Day) (Year)

17- I HEREBY CERTIFY, That I attended deceased from July 4 1935, to July 4 1935, that I saw h[illegible] alive on July 4 1935, and that death occurred, on the date stated above, at 10:32 P. m.

The CAUSE OF DEATH* was as follows:

Postnatal Infection

(Duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (Secondary) .....

(Duration) ..... yrs. ..... mos. ..... ds.

(Signed) J. C. Luttenhouse M. D.

July 5, 1935 (Address) 1981 Eutaw Place

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19-PLACE OF BURIAL OR REMOVAL, New Cathedral — DATE OF BURIAL, July 5, 1935

20-UNDERTAKER, Frank V. Pepitone — ADDRESS 2015 E Balto

M. D. P. 1 F 14137 ✓ F M137

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 1011 E. Preston St. (St.; Ward) 10
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edith M. Beattie

(a) Residence: No. 1011 E. Balto. St. Ward.
(Usual place of abode) Preston St (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) May 21 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	1	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Reading Pa

FATHER
13. NAME Henry Beattie
14. BIRTHPLACE (city or town) (State or country) Reading Pa

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs. A. Meeks
(Address) 1011 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem. Date 7/6/ 1935

19. UNDERTAKER J. Whepley & Co.
(Address) 2432 Reisterstown Rd

20. FILED Huntington Williams JUL 5 - 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1935

22. I HEREBY CERTIFY, That I attended deceased from June 9 1935 to July 3 1935.
I last saw her alive on July 2 1935 Death is said to have occurred on the date stated above, at 4 1 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 9
Other contributory causes of importance: Arterial Hypertension	

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Walter W White Jr M. D.
(Address) 2800 St Paul St.

M. D. B 1268-9

F 14138

14138

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH St Agnes Hospital — Registered No. .....

CITY OF BALTIMORE: (No. ..... St., ... Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Cram

(a) Residence: No. 8 North Hilton St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ?

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Glazier 0086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jas. P. Foster & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Joshua M. Cram

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Grove

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs Ella Carter (Niece)
(Address) 8 N. Hilton St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 6 1935

19. UNDERTAKER John F. Cleary
(Address) 715 Light St.

20. FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-3-35, 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	1933
Uremic Coma	
Bright's Disease	

Other contributory causes of importance:

General debility

Name of operation — Date of —

What test confirmed diagnosis? Uremia & Coma Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos H Whitelaw M. D. Coroner

(Address) 1939 Edmondson Ave

F 14139

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HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53 E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., ... Ward) 6

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 21 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Louise Kennedy

(a) Residence: No. 103 N. Wolfe St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Caroline.

6. DATE OF BIRTH (month, day, year) 1/2/~~75~~ 92

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
43 ~~75~~	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Poland.

FATHER

13. NAME Walter Kennedy.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Caroline ?

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Wife.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 6 1930

19. UNDERTAKER Lilly & Zeller Sons
(Address) 463 S Wolfe St.
Huntington W. Va.

20. FILED 7-7-1930 Registrar .....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3 1930

22. I HEREBY CERTIFY, That I attended deceased from 6/6 1930 to 7/3 1930

I last saw him alive on 7/3 1930 Death is said to have occurred on the date stated above, at 12½ m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of uterus, original site unknown.	2 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of No.

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 14140

HEALTH DEPARTMENT—CITY OF BALTIMORE

14140

CERTIFICATE OF DEATH

183 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Patterson Park Pool St., 1 Ward) 26

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward W Hill

(a) Residence: No. 906 S Highland Ave St., 26 Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of single

6. DATE OF BIRTH (month, day, year) Feb. 8. 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	16	4	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Just finished school

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME Matthew Hill

14. BIRTHPLACE (city or town) (State or country) Balto Md

15. MAIDEN NAME Lillian Hilker

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Matthew Hill (father)

(Address) 906 S Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 6 19 35

19. UNDERTAKER Lilly & Zeiler Inc

(Address) 403 S Wolfe St

20. FILED [illegible] 1935 Huntington Williams [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 35

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 3 1935

Where did injury occur? outdoor swimming pool at

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Patterson Park. -

Manner of injury Prohibited swimming after Pool had Closed

Nature of injury drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. M. Wright M. D.

(Address) 1010 S. Ellwood Ave.

M. D. B. 1268-9

F 14141

F 14141 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 419 S. Smallwood St., Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Katherine Batzer No War Service

(a) Residence: No. 419 S. Smallwood St., Ward.
(usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Emil A. Batzer

6. DATE OF BIRTH (month, day, year): October 15 - 1863

7. AGE: Years 5~~1~~ | Months 9 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Ballo. Bay

FATHER

13. NAME: Philip Ziebus

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs. Carl Batzer

(Address) 419 S. Smallwood St

18. BURIAL, CREMATION, OR REMOVAL

Place: Western Cemetery Date: July 6 19 35

19. UNDERTAKER: George A. Tattersall

(Address) 711 Frederick Ave.

JUL 5 - 1935

19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3rd 19 35

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 19 33 to July 3 19 35

I last saw h Ev alive on July 3 19 35. Death is said to have occurred on the date stated above, at 4 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Toxaemia	10h
Pulmonary Tuberculosis	2 yr 4 mos 2 days

Other contributory causes of importance:

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury 19

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ✓

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Kelly M. D.

(Address) 2027 N. Broadway

M. D. B. 1268-9

F 14142

4142

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH — Registered No. 56

CITY OF BALTIMORE: (No. 3219 Matson St., Masonville Ward) 27 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Joseph Yirka

(a) Residence: No. 3219 Matson St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 13 - 1928

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
7	—	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

FATHER

13. NAME Joseph A Yirka

14. BIRTHPLACE (city or town) (State or country) Balto. Md

MOTHER

15. MAIDEN NAME Marie A. Gleason

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Joseph A. Yirka
(Address) 3219 Matson St.

18. BURIAL, CREMATION, OR REMOVAL
Place Lodge Hill Date July 8 1935

19. UNDERTAKER George L. Schnorr
(Address) 2111 Fendall Ave.

20. FILED Huntington Williams, M.D.
Registrar.

5 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from March 5 1935 to July 4 1935

I last saw him alive on July 3 1935 Death is said to have occurred on the date stated above, at 8 30 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever.	3/5/35
Rheumatic Heart Disease	3/5/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) George L. Lancaster, M. D.

(Address) 1543 Poplar Grove St.

F 14143

14143 HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) Balto. City Hospt. (St.) ..... Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

If U. S. Veteran specify WAR 1776

2. FULL NAME Fannie Clark

(a) Residence: No. 175 S. Kossuth St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Otis Clark

7. DATE OF BIRTH (month, day, year): Dec 25 1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	36	6	109	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?
10. Date deceased last worked at this occupation (month and year): ?
11. Total time (years) spent in this occupation: ?

12. BIRTHPLACE (city or town) (State or country): ? Poland

MOTHER FATHER
13. NAME: Paul Lejerdpi
14. BIRTHPLACE (city or town) (State or country): ? Poland
15. MAIDEN NAME: Marie Gotsan
16. BIRTHPLACE (city or town) (State or country): ? Poland

17. INFORMANT: Patient
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Lindenwald Date 7/6/35
Place

19. UNDERTAKER: F B Wightman Inc
(Address) 1850 N Balto St

7-8-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1935, to 7-4, 1935
I last saw her alive on 7-3, 1935 Death is said to have occurred on the date stated above, at 405 m.

The principal cause of death and related causes of importance were as follows:

a. Carcinoma of Right Breast — Date of onset 3 yrs.
b. metastatic carcinoma of left pennum and left Ballast — ?
c. Secondary anemia, exhaustion — ?

Was an operation performed? mastectomy Date of July 1933
For what disease or injury? Carcinoma of Right Breast
Name of operation mastectomy Date of July 1933 and
What test confirmed diagnosis? " Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt J Manton M. D.
(Address) Balto. City Hospt

M. D. F. 1268-9

14144

✓ F 14144

HEALTH DEPARTMENT—CITY OF BALTIMORE

93c

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 609 E. Lanvale St., Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert A. Kraft

(a) Residence: No. 609 E. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

5a. If married, widowed or divorced: HUSBAND of (or) WIFE of: Lillian R. Kraft

6. DATE OF BIRTH (month, day, year): Feb 4 1883

7. AGE: Years: 52 | Months: 5 | Days: — | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Bricklayer 623

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stone Masonry

10. Date deceased last worked at this occupation (month and year): Dec 1934

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

MOTHER FATHER

13. NAME: A. Kraft

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Wilhelmina Stutt

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lillian R. Kraft

(Address) 609 E. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date 7/8/35

19. UNDERTAKER: F. S. Wagner Son

(Address) 815 N. Eutaw St.

5-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4 1935

22. I HEREBY CERTIFY That I attended deceased from July 1, 1935 to July 3 1935 I last saw him alive on July 3 1935 Death is said to have occurred on the date stated above, at 7 3/4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Other contributory causes of importance: Hypertension	2 yrs
Kidney Failure	

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No (Specify)

(Signed) H. V. Frantz M. D.

(Address) 1023 N. Eutaw

M. D. B. 1268-9

✓ F 14145

14145

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93c

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No.) 1907 Hollins St., Ward) 20 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Dove

(a) Residence: No. 1907 Hollins St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: John L Dove

6. DATE OF BIRTH (month, day, year): Dec. 26-1844

7. AGE: Years: 87; Months: 6; Days: 7; If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (City or town) (State or country): Edmond Md.

FATHER

13. NAME: Wm Meeks

14. BIRTHPLACE (City or town) (State or country): Balto Md.

MOTHER

15. MAIDEN NAME: Rose Adler

16. BIRTHPLACE (City or town) (State or country): Balto Md.

17. INFORMANT: Mrs Hetta Johns
(Address) 1907 Hollins St.

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Date 7/6/31

19. UNDERTAKER: F. B. Wippert Son
(Address) 730 Eutaw Place

20. FILED [illegible] 19 Registrar.

7-3-1931

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/3/31

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931 to July 3 1931

I last saw h[illegible] alive on July 3 1931 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	
Hypertension	
Other contributory causes of importance:	
Myocarditis	

Name of operation: — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas A Reim M. D.

(Address) 2145 N Dale St

M. D. B. 1268-9

✓ F 14146

HEALTH DEPARTMENT—CITY OF BALTIMORE

14146

CERTIFICATE OF DEATH

23

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2201 Oak St., Ward) 12

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susie Trice

(a) Residence: No. 2201 Oak St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	C	W.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Trice

6. DATE OF BIRTH (month, day, year) 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Simon Cummings

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Amanda Duvall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Elmer Cummings

(Address) 2816 8th Ave New York City

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem. Date 7-6-1935

19. UNDERTAKER Byron & James W. Wright

(Address) 1810 McCulloh St

20. Filed 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30 1935 to July 4 1935

I last saw her alive on July 4 1935 Death is said to have occurred on the date stated above, at 830 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Thrombosis	[illegible] 1935
Other contributory causes of importance: Pulmonary Tuberculosis	chronic

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? N Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Lathrop M. D.

(Address) 1172 W. Lanvale St

✓ F 14147

14147

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2837 W. Garrison Ave. St., ... Ward) 27 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 35 yrs. 1 mos. 1 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran give war or service ..... specify WAR .....

2. FULL NAME Ora Lee Freeman,

(a) Residence: No. 2837 W. Garrison Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of George Freeman,

6. DATE OF BIRTH (month, day, year) January 7. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
57	56	5	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Richard Smith,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Crouch,

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs Estelle M. McKinley
(Address) St Thomas Lane, Owings Mills

18. BURIAL, CREMATION, OR REMOVAL JUL 6 1935
Place Woodlawn Cem. Date 19

19. UNDERTAKER Harry W. Eblen.
(Address) 1944 W. North Ave.

20. Filed ..... 19 ..... Registrar

6-1935

NPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 4 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 12 1934 to July 4 1935

I last saw h. alive on July 4 1935 Death is said to have occurred on the date stated above, at 3.25 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Nephritis	?
Other contributory causes of importance:	
Chronic Inefficiency	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) John D. Bubert M. D.

(Address) 4803 Park Heights Ave

M. D. B. 1268-9

✓ F 14148

4148

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Good Shepherd General Hospital 93c Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1510-14 N. Gilmore St., Ward) 14

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie E. Hill

(a) Residence: No. 1902 Penna ave St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	A. A.	Widow

5a. If married, widowed, or divorced (or) WIFE of Frederick Hill

6. DATE OF BIRTH (month, day, year) 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
65	65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) employed in this occupation

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Andrew Jackson

14. BIRTHPLACE (city or town) (State or country) Cincinatti Ohio

MOTHER

15. MAIDEN NAME Lydia Jackson

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Andrew Powell
(Address) 1939 Penna ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cemty Date July 6 35 19

19. UNDERTAKER Thomas E. Pelron
(Address) 1303 Presstman St

FILED 1935 Arthington Williams R.S.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/2 . 1935 to 7/4 . 1935

I last saw h[illegible] alive on 7/4 1935 Death is said to have occurred on the date stated above, at 5.55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	2 days
Myocarditis.	Unk
arteriosclerosis	
Other contributory causes of importance: ulcerated leg -	3 Mos

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Carsen C. Johnson M. D.

(Address) 1802 Penna Ave

Spec.—8-16-29—L. F. S.—100 Bks.

✓ F 14149

14149

HEALTH DEPARTMENT—CITY OF BALTIMORE

50

CERTIFICATE OF DEATH

REGISTERED NO. .....

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2001 Park Ave ST., ... WARD) 13

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Elizabeth Griest

(a) RESIDENCE NO. 2100 Park Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. ... mos. ... ds. How long in U. S., if foreign birth? ... yrs. ... mos. ... ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Female	white	Single

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of .....

6 DATE OF BIRTH (month, day, and year) July 18/1868

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	66	11	17	

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9 BIRTHPLACE (city or town) (State or country) Pa

PARENTS

10 NAME OF FATHER Cyrus S. Griest

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Letitia Broomell

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Pa

14 Informant Miss Mary E. Griest
(Address) 2001 Park Ave

15 Filed 5 1935 Huntington Williams, M. D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5/35

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to July 5, 1935, that I last saw her alive on July 5, 1935, and that death occurred, on the date stated above, at 5-30 A m.

The CAUSE OF DEATH* was as follows:

Carcinoma
Primary - Breast
Secondary - Bone Vertebrae, Left Hip, Left Humerus (duration) 1 yrs. ... mos. ... ds.

CONTRIBUTORY (Secondary) (duration) ... yrs. ... mos. ... ds.

18 Where was disease contracted if not at place of death? .....

Did an operation precede death? No Date of .....

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Dr H Woody, M. D.

, 19 (Address) 1403 Park Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Flora Dale Pa. DATE OF BURIAL July 7 1935

20 UNDERTAKER Chas E. Franck ADDRESS, 801 Madison ave

14150 F 14150

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

120

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., Ward) 24 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Since Nov 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Johanna Rellihan

(a) Residence: No. 1501 E. Fort ave St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 6070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME Daniel Rellihan

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Johanna Eddos

16. BIRTHPLACE (city or town) (State or country) Ireland.

17. INFORMANT Records Bch.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Date July 6, 1935

19. UNDERTAKER Chas F Stevens

(Address) 1501 E Fort Ave

20. FILED 5-1935 Signature for Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/18, 1935 to 7/2, 1935

I last saw her alive on 7/2, 1935 Death is said to have occurred on the date stated above, at 2 30 p. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Diarrhea, etiol unknown	15 days
Senility	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz, M. D.

(Address) Balto City Hosp

M. D. B. 1268-9

14151 ✓ F 14151

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Marcia DeVlieger

(a) Residence: No. 2711 St. Paul Street St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John C. DeVlieger

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
about 49 years			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Frederick Maryland

FATHER

13. NAME William Wilcoxson

14. BIRTHPLACE (city or town) (State or country) Frederick Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Indiana

17. INFORMANT Mrs. England,
(Address) 4001 Glenmore Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Parkwood Cem. Date July 6 . 1935

19. UNDERTAKER Frederick Lanahan Inc
(Address) 7401 Belair Road

E. H. 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th . 1935

22. I HEREBY CERTIFY, That I attended deceased from . 19 . to . 19

I last saw h alive on . 19 Death is said to have occurred on the date stated above, at 3 P. m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) M. D.
Coroner

(Address)

M. D. B. 126 **F 14152** ✓ **F 14152**

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122B

Registered No.

1. PLACE OF DEATH St. Agnes Hospital
CITY OF BALTIMORE: (No. Wilkens & Catonsville Aves. St., Ward) 28
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sara Kenberth (12-years) Veteran (No)
(a) Residence: No. Mt Hope Retreat St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (HUSBAND of) (or) WIFE of Joseph Kenberth

6. DATE OF BIRTH (month, day, year) 8/24/1879

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	55	10	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas B. Strahan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Eliz. A. (Beatty)

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Joseph Kenberth (Husband)
(Address) 1515 N. Carlton St

18. BURIAL, CREMATION, OR REMOVAL Date 7/6/35, 19
Place Bellevue

19. UNDERTAKER Huntington Funeral Home
(Address) 1135 Harlington Ave

20. FILED JUL 6 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 4, 1935
I last saw her alive on July 4, 1935 Death is said to have occurred on the date stated above, at 3 50 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
VOLVULUS WITH INTESTINAL OBSTRUCTION	6/28/35
Other contributory causes of importance:	
BRONCHO-PNEUMONIA	7/2/35

Name of operation RELEASE OF OBSTRUCTION Date of 6-29-35
What test confirmed diagnosis? CLINICAL. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Robert F. Healy, M. D.
(Address) St. Agnes Hospital

M. D. B 1268-9

F 14153 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14153

CERTIFICATE OF DEATH

93c

Registered No. 9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 951 Homestead St. St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs. 10 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas H. Guillaims

(a) Residence: No. 951 Homestead St. St., Ward. 17

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE~~ Stella E. Guillaims

7. DATE OF BIRTH (month, day, year) August 23rd 1878

8. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	56	10	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Interior Decorator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self 0053

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME Thomas Guillaims

14. BIRTHPLACE (city or town) (State or country) England

15. MAIDEN NAME Nellis ?

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Stella E. Guillaims

(Address) 951 Homestead St

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 6th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED [illegible] By [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....

I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12 N m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Ahlgren Coroner, M. D.

(Address) 1919 E. North Ave

F 14154 ✓ F 14154

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1426 Decatur St., Ward) 24 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME John Schmidt

(a) Residence: No. 1426 Decatur St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced, (write the word)
Male	White	Widower

5a. If married, widowed or divorced, HUSBAND of (or) WIFE of: Eva Schmidt

6. DATE OF BIRTH (month, day, year) Oct 3-1841

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	93	9	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME John Schmidt

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT James Wilder

(Address) 1426 Decatur St

18. BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 6 1935

19. UNDERTAKER William Cook

(Address) 417 St Paul St

20. FILED 6 1935 Hunter Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 12, 1935 to July 4, 1935

I last saw him alive on July 4, 1935 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Regurgitation	
Arteriosclerosis	
Other contributory causes of importance:	
Exhaustion 2 days.	

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no.

(Signed) W. K. L. Campbell M. D.

7/5/35 (Address) 1644 Hanover St

M. D. F 1268-9

F 14155 HEALTH DEPARTMENT—CITY OF BALTIMORE F 14155

CERTIFICATE OF DEATH

Registered No. 94a

1. PLACE OF DEATH Stanley Theater. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
CITY OF BALTIMORE (No.) Howard Opposite Centre St., Ward) 11
Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Albert C. Putts
(a) Residence: No. Cincinnati St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~divorced~~ (write the word)
Male	White	Widowed

6a. If ~~married~~, widowed, ~~or divorced~~ HUSBAND of Hattie T. Putts

7. DATE OF BIRTH (month, day, year) Aug 10th 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	10	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk 0009

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C & O R.R.

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) Balto Md.

13. NAME John W. Putts

14. BIRTHPLACE (city or town) (State or country) Winchester Va

15. MAIDEN NAME Mary L. Meridith

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Willoward Putts
(Address) St Paul Court Apts

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 6th 1935

19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St

20. FILED L 8 - 1935 Washington Nilliams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 4-45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C. Haas M. D.
Coroner
(Address) 1216 Hanover St

F 14156

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14156

CERTIFICATE OF DEATH

46B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 406 Fawcett St., Ward) 12 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 66 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Charles E Sowers If U. S. Veteran specify WAR No

(a) Residence: No. 406 Fawcett St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Florence Sowers

6. DATE OF BIRTH (month, day, year) Jan 3 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	66	6	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 0050

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month, day, year) 1925

11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Henry Sowers

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Louise Epley

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Alice Williams
(Address) 406 Fawcett St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 8 1935

19. UNDERTAKER Corrigan Cook
(Address) 217 S Paca St

19. FILED JUL 8 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to July 5 1935.

I last saw him alive on July 4 1935. Death is said to have occurred on the date stated above, at 5:20 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stomach Carcinoma	6 mos ago
Other contributory causes of importance: Cardiac insufficiency	24 hrs

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation 6 mos ago Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Roscoe Grossnickle M.D.

(Address) City July 5-1935

F 14157

F 14157

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) 14

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life. mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Josephine Driggs

(a) Residence: No. 2022 Mc Culloh St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry.

6. DATE OF BIRTH (month, day, year) 8/16/1882.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
52	10	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto.

FATHER

13. NAME Alexander Clark

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME Eliz. ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Son.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Cemetery Date July 6, 1935

19. UNDERTAKER Archibald L. Gaddis

(Address) 2101 Mc Culloh St.

6-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1935 to 7/3 1935

I last saw h[illegible] alive on 7/3 1935 Death is said to have occurred on the date stated above, at 2:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	[illegible]
Cerebral hemorrhage	3 days
Other contributory causes of importance:	
Hypertension.	?
Arteriosclerosis	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter M. D.

(Address) Balto City Hosp

M. D. F 14158

✓ F 14158

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Mercy Hospital St., Ward) 4 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Davis

(a) Residence: No. 611 E Baltimore St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year) ? 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tumorter 0084

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME William Davis

14. BIRTHPLACE (city or town) (State or country) Wales

MOTHER

15. MAIDEN NAME Ann Thomas

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Tommy Davis (Address) Cumberland. Md.

18. BURIAL, CREMATION, OR REMOVAL Baltimore Date 7/6 25

19. UNDERTAKER Bernard E Hark. (Address) 171 E Mad St.

20. FILED 8 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1935

22. I HEREBY CERTIFY, That I attended deceased from May 3 1935 to July 5 1935

I last saw him alive on July 5 1935 Death is said to have occurred on the date stated above, at 10 1/2 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach with Secondaries in Liver	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton S. Sacks M. D.

(Address) Mercy Hospital

M. D. B 1268-0

F 14159

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14159 ✓ 131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 2 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Amelia (or Emily) Baker

(a) Residence: No. 815 S. Bond St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm A. Baker

7. DATE OF BIRTH (month, day, year) March 18 1897

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Unknown France

13. NAME August Gruss

14. BIRTHPLACE (city or town) (State or country) Unknown France

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) " "

17. INFORMANT Wm A. Baker

(Address) 206 S. Eden St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem. Date July 6, 1935

19. UNDERTAKER Wm Cook

(Address) 1217 E. Paul St.

FILED 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19.... to ..., 19....

I last saw h alive on ..., 19.... Death is said to have occurred on the date stated above, at 2.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Starvation ?	
chronic ulcerations	

Other contributory causes of importance:

Probably chronic nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. J. S. P. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave.

F 14160

F 14160 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. 1849-E. 29th, Street St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME CHARLES PAUL BLUME

If U. S. Veteran specify WAR No

(a) Residence: No. 1849-E. 29th Street St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rosa (Pensel) Blume

6. DATE OF BIRTH (month, day, year) Dec. 19th, 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
61	6	14	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Store Keeper

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Frederick Blume

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Zink

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Rosa Pensel Blume
(Address) 1849-E. 29th. Street

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date 7/6/35 19

19. UNDERTAKER Geary & Ruth Inc.
(Address) 1735-Harford Ave. Huntington Williams, N.Y.

FILED JUL 6 - 1935 19 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3 1935 to July 4 35

I last saw him alive on July 3 1935. Death is said to have occurred on the date stated above, at 12.02 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	12 hours
Hypertension	1yr
Arterio Sclerosis	1yr
Other contributory causes of importance: Chr. Interstitial Nephritis	1yr

Was an operation performed? No Date of .....

For what disease or injury? No

Name of operation None Date of .....

What test confirmed diagnosis? Autopsy & Path.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thos. F. A Stevens M. D.

(Address) 2878 Harford Rd

F 14161

M. D. B. 1268-9

F 14161 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-N

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE (No.) 1000 Eaton Ave. St., 10 Ward)
Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Mary R. Wilson Veteran (No)
(a) Residence: No. 1105 East Preston St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) May 26, 1887

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
48	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER
13. NAME William B. Wilson
14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER
15. MAIDEN NAME Katie Potter
16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Jenkins Memorial Hosp
(Address) 1000 Eaton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/8/35 19

19. UNDERTAKER George D. Roth Sons
(Address) 1730 Pennsylvania Ave
Huntington Williams

20. FILED ..... 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 1st 19 35 to July 5th 19 35
I last saw h alive on July 4th 19 35 Death is said to have occurred on the date stated above, at 2.35 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left ovary	6/28
Generalized carcinomatosis (metastatic)	1934?

Other contributory causes of importance:

ascites + Edema	1934
Cachexia	1934

Name of operation Hysterectomy-radical 1929 Closure rectal fistula (2) 1933-34
What test confirmed diagnosis? Usual Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) K. W. Ebeling M. D.
(Address) 28 Ogden Hospital

1 — 1935

F 14162

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14162

CERTIFICATE OF DEATH

✓ 82-A

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 15 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR

2. FULL NAME Kirby Wade.
(a) Residence: No. 638 W Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 6/12/1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
68 yrs	10	23	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Sharpsburg Md.

FATHER
13. NAME William Wade.
14. BIRTHPLACE (city or town) (State or country) Sharpsburg Md.

MOTHER
15. MAIDEN NAME Eliza Snyder.
16. BIRTHPLACE (city or town) (State or country) Sharpsburg Md.

17. INFORMANT Mrs. Hubert Lerode
(Address) Boonsboro Md

18. BURIAL, CREMATION, OR REMOVAL
Place Sharpsburg Md Date July 7, 1935

19. UNDERTAKER W. H. Rust & Son
(Address) Boonsboro Md

FILED JUL 8 - 1935 19 Williamsport, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/26, 1935 to 7/5, 1935
I last saw him alive on 7/5, 1935 Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	10 days
Meningitis, meumococcus?	?
Other contributory causes of importance:	
Hypertension	?

Was an operation performed? Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert L Reitz M. D.
(Address) Balto City Hosp.

F 14163

Spec. F30 Bks F 14163

HEALTH DEPARTMENT—CITY OF BALTIMORE

× 434

CERTIFICATE OF DEATH.

REGISTERED NO. 19

1 PLACE OF DEATH

CITY OF BALTIMORE: (No Franklin Square Hospital WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Catherine Annie Hoehn

(a) RESIDENCE NO. Hazelwood & Point Pleasant Ave WARD Raspeburg, Md.
(Usual place of abode) (If non-resident give town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth yrs. mos. Balto Co. Md ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: female

4 COLOR OR RACE: white

5 Single, Married, Widowed, or Divorced, (write the word): married

5a If married, widowed, or divorced
HUSBAND of (or) WIFE of Hoehn

6 DATE OF BIRTH (month, day, and year) June 6 1876

7 AGE — Years: 59 — Months: — Days: 6 — If LESS than 1 day, ... hrs. or ... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: At Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9 BIRTHPLACE (city or town) (State or country): Balto

PARENTS

10 NAME OF FATHER William Langeman

11 BIRTHPLACE OF FATHER (city or town) (State or country): Balto

12 MAIDEN NAME OF MOTHER Gertrude Loeffler

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): William Langeman Edmondson Ave

15 Filed [illegible]

JUL 6 - 1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 4 - 35

17

I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 4, 1935

that I last saw h[illegible] alive on July 4, 1935

and that death occurred, on the date stated above, at 8:05 P m.

The CAUSE OF DEATH* was as follows:

Pyonephrosis - right
Renal calculi - bilateral

(duration) yrs. mos. ds. ?

CONTRIBUTORY (Secondary) Chronic tuberculosis

(duration) yrs. mos. ds. ?

18 Where was disease contracted if not at place of death?

Did an operation precede death? no Date of

Was there an autopsy? yes

What test confirmed diagnosis? autopsy

(Signed) J. Owen Moore M. D.

, 19 (Address) Franklin Sq Hosp.

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Parkwood Cem

DATE OF BURIAL: July 8 1935

20 UNDERTAKER: Martin W. E. Dippel

ADDRESS: 37 Lanvale

F 14164

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14164

CERTIFICATE OF DEATH

X 51-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital St. 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 9 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No

2. FULL NAME James Grant Code

(a) Residence: No. 42 E. Stevens St. Crafton, Pa St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Frances Cleaver

6. DATE OF BIRTH (month, day, year) Dec. 27, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 5000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ill.

MOTHER FATHER

13. NAME Joseph Tutt Code

14. BIRTHPLACE (city or town) (State or country) Mo.

15. MAIDEN NAME Bridget O'Donahue

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Charles J. Code

(Address) 42 E. Stevens St. Crafton, Pa.

18. BURIAL, CREMATION, OR REMOVAL

Place Crafton, Pa. Date July 7 1935

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place

FILED 6-1935 Funeral Home Wilkinsburg, Pa.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 6, 1935

I last saw him alive on July 6, 1935. Death is said to have occurred on the date stated above, at 1:11 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Bladder	7-4-35
Post-operative Ileus	over
Other contributory causes of importance: Generalized Arteriosclerosis	?

Was an operation performed? Yes Date of 7-2-35

For what disease or injury? Carcinoma of Bladder

Name of operation Partial cystectomy Date of 7-2-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas McSparran M. D.

(Address) Union Memorial Hospital

F 14165

F 14165

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

Registered No. 13

1. PLACE OF DEATH Nelmer Apts.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Brookfield Ave. & Whitehill St. Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Abraham Whitehill

(a) Residence: No. Nelmer Apts. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esther Rose Whitehill

6. DATE OF BIRTH (month, day, year) Oct. 23. 1870

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	64	8	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Gents' Furn.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Furnishings Mer.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Isaac Whitehill

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sarah Eichengreen

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mr. Ivan Whitehill
(Address) Nelmar Apts.

18. BURIAL, CREMATION, OR REMOVAL
Place Oheb Shalom Cem. Date July 7, 19 35

19. UNDERTAKER Harry Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 6-1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 19 35

22. I HEREBY CERTIFY, That I attended deceased from July 2nd, 19 35, to July 4th, 19 35

I last saw h alive on July 4th, 1935. Death is said to have occurred on the date stated above, at 10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 2, 35
Other contributory causes of importance: Arteriosclerosis / Hypertension / Syncope	May 1935

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — , 19 —

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Louis P. Hamburger, M. D.

(Address) 1207 Eutaw Place

M. D. P. 1268-9

14166 E 14166

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-E

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Redwood & Greene St., 4 Ward)

Length of residence in city or town where death occurred 42 Days mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Morris

(a) Residence: No. Marriottsville Md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Black | 5. Single, Married, Widowed, or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) March 11 1912

7. AGE — Years: 23 | Months: 3 | Days: 24. | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co Md

FATHER

13. NAME William Morris

14. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

MOTHER

15. MAIDEN NAME Mary Howard

16. BIRTHPLACE (city or town) (State or country) Howard Co Maryland

17. INFORMANT Eden Morris
(Address) Howard Co Md

18. BURIAL, CREMATION, OR REMOVAL
Place West Liberty Md Date July 8. 1935

19. UNDERTAKER Joseph A. Livelys
(Address) 409 N Mount Street

20. FILED 19 [illegible]

L 6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4 1931

22. I HEREBY CERTIFY, That I attended deceased from May 22 1931 to July 4 1931

I last saw him alive on July 4 1931 Death is said to have occurred on the date stated above, at 4:35 Pm.

The principal cause of death and related causes of importance were as follows:

Metastatic Malignancy Primary site is unknown. — Date of onset [illegible]

Other contributory causes of importance:

Pulmonary Oedema

Name of operation Biopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] M. D.

(Address) Union Memorial Hospital

M. D. B. F-9 F 14167

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14167

CERTIFICATE OF DEATH

XV 186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Wilber H. Riddle

(a) Residence: No. Fork, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Agusta F. Riddle

DATE OF BIRTH (month, day, year) 1861

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	74			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 086

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Chas J. Riddle

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Louise Day

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Edanna Gorsch
(Address) Fork, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Fork M. E. Cem. Date July 10, 1935

19. UNDERTAKER Clarence E. Arthur
(Address) Fork Md.

20. FILED 8 1935 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture L. Femur	July 2
Caronary Thrombosis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date July 2, 1935

Where did injury occur? Fork, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Fell over jack handle

Manner of injury Fracture Of L. Femur

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) F. H. McClure M. D.

(Address) 3737 W. Mosher.

F 14168

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14168

CERTIFICATE OF DEATH

93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR 1st.

2. FULL NAME Harvey Hendrickson.

(a) Residence: No. 1306 N. Washington Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Hattie.

6. DATE OF BIRTH (month, day, year) 2/22/1870.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	4	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter. 0660

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Samuel Henrickson

14. BIRTHPLACE (city or town) (State or country) Pa.

MOTHER

15. MAIDEN NAME Hattie Boon

16. BIRTHPLACE (city or town) (State or country) Pa

17. INFORMANT Son.

(Address) 1306 No Washington St

18. BURIAL, CREMATION, OR REMOVAL

Place Cumberland Md Date July 6 1935

19. UNDERTAKER Wm J Tickner & Son

(Address) Myrtle & Pa Ave

Registrar.

L 6 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/20 1934 to 7/5 1935

I last saw him alive on 7/5 1935. Death is said to have occurred on the date stated above, at 10:35 p. m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 2 days

Other contributory causes of importance: Myocardial insufficiency

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert G Reto M. D.

(Address) Balto City Hosp

F 14169 F 14169

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME James Evans

(a) Residence: No. 826 Woodyear St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Gertrude Evans

6. DATE OF BIRTH (month, day, year) Dec

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	7		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Mason

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) N. C

FATHER

13. NAME Aron Evans

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Gertrude Evans
(Address) 826 Woodyear St

18. BURIAL, CREMATION, OR REMOVAL
Place Butt Co. N. C Date 7/8/35 19

19. UNDERTAKER Thomas E. Kelso
(Address) 1303 Presstman St

20. FILED 7-6-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935 to July 4, 1935

I last saw him alive on July 4, 1935 Death is said to have occurred on the date stated above, at 6:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary embolism	July 4
Other contributory causes of importance: Carcinoma of stomach	

Name of operation Billroth #2 Date of 4/22/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) George F. Schmidt, M. D.

(Address)

M. D. B. 1268-9

F 14170

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57
No. 14170

77-a

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 16 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Brooks
(a) Residence: No. 914 Edmonson ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	18		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

MOTHER FATHER

13. NAME William Brooks

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Lorraine Price

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL
Place N. E. Calvary Date July 7, 1935

19. UNDERTAKER Mr. Katie R. Williams
(Address) 3222 Edmonson St.

20. FILED 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to July 4, 1935
I last saw him alive on July 4, 1935 Death is said to have occurred on the date stated above, at 10^01 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lead poisoning	3 weeks. before admission
Lead encephal. T.S	about June 30

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Blood test. X-ray L/S bones Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Lydia B Schwartz M. D.
(Address) Johns Hopkins Hospital.

H. D. P 1268-9

F 14171

4171

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 18 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Benjiman Gray

(a) Residence: No. 925 W. Fayette St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Martha Gray

DATE OF BIRTH (month, day, year) Oct 1908

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26	9		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0019

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S.C.

13. NAME John Gray

14. BIRTHPLACE (city or town) (State or country) S.C.

15. MAIDEN NAME Notknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Martha Gray

(Address) 925 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 6, 1935

19. UNDERTAKER Mrs Katie R. Williams

(Address) 322 E. Lanvale St.

20. FILED 1935 Huntington Williams, Supt.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1.30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of Lungs	
Probably Tuberculosis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M. D.

(Address) 2357 W. North Ave

M. D. B 1208-9

F 14172

14172 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH 94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2624 Puget St., 25 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert Ellsworth Hill

(a) Residence: No. 2624 Puget St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Col	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah E. Hill

6. DATE OF BIRTH (month, day, year) July 4-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	64	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cemetary 1040

10. Date deceased last worked at this occupation (month and year) 10 Yr. | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George A. Hill

14. BIRTHPLACE (city or town) (State or country) Harford Co Md

15. MAIDEN NAME Cathrine Pidout

16. BIRTHPLACE (city or town) (State or country) Howard Co Md

17. INFORMANT Geo. W. Hall
(Address) 2624 Puget St

18. BURIAL, CREMATION, OR REMOVAL.

Place Mt. Zion Date July 8, 1935

19. UNDERTAKER Walter A. Williams
(Address) 2122 Division St

Filed ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 4 35, 19

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	7/47

Other contributory causes of importance: No History of illness for Past 8 yrs.

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify ...

(Signed) Thos. W. Phillips, M. D.
Coroner

(Address) 1939 Edmondson Ave

Spec. 2-22-28 F 14173

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14173

CERTIFICATE OF DEATH

141-108

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital ST., 15 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Margie L. Lindsay

(a) RESIDENCE NO. 1504 Baker ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., If foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F	Cd.	

6 If married, widowed, or divorced HUSBAND of (or) WIFE of Irvin Lindsay

7 DATE OF BIRTH (month, day, and year) 5/30/03

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	1	6	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife 0039

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Staunton Va.

10 NAME OF FATHER John Carter

11 BIRTHPLACE OF FATHER (city or town) (State or country) Va.

12 MAIDEN NAME OF MOTHER Sally Aldridge

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Va.

14 Informant Irvin Lindsay

(Address) 1504 Baker Street

15 Filed 7-1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-5-35

17 I HEREBY CERTIFY, That I attended deceased from 2/20/35, 19 , to 7-5, 19 35

that I last saw her alive on 7-5, 19 35

and that death occurred, on the date stated above, at 7-?? m.

The CAUSE OF DEATH* was as follows:

Dentelle Abortion

Secondary Anemia

Uterine Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) Unreported Pneumonia

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Was operation performed? No Date of

Was there an autopsy? Yes

What tests confirmed diagnosis? Autopsy

(Signed) W. A. Butler, M. D.

7/6, 1935 (Address) 2035 Druid Hill Ave.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Staunton Va.

DATE OF BURIAL 7/8 1935

20 UNDERTAKER Thomas E. Kelson

ADDRESS 1363 Pleasant St

L. B 1268-9

F 14174

HEALTH DEPARTMENT—CITY OF BALTIMORE

1174

CERTIFICATE OF DEATH

54-E

Registered No.

1. PLACE OF DEATH 1306 W. Lafayette
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1306 W Lafayette St., 16 Ward)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jessie Taylor

(a) Residence: No. 1306 W. Lafayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) June 2, 1873

AGE Years	Months	Days	If LESS than 1 day hrs. or min.
62	6	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0040

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Lancaster Co
(State or country) Va.

13. NAME Louis Taylor

14. BIRTHPLACE (city or town) Lancaster Co
(State or country) Va

15. MAIDEN NAME Matilda Thomas

16. BIRTHPLACE (city or town) Lancaster Co,
(State or country) Va

17. INFORMANT Louise Taylor Dotter
(Address) 1306 W. Lafayette Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Lancaster Co Va Date July 7th 1936

19. UNDERTAKER Elroy E Wilson
(Address) 1000 Brantley Ave

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aneurysm in right Carotid.	
Blood Tumor	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) C Hamm Coroner, M. D.

(Address) 12 E Fayette

M. D. B 1268-9

F 14175

HEALTH DEPARTMENT—CITY OF BALTIMORE

175

CERTIFICATE OF DEATH

Registered No. 210-M

1. PLACE OF DEATH 115 N. 2nd St (Home) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Louis F. Smothers

(a) Residence: No. 115 W. 2nd St St., ... Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

6a. If married, widowed, or divorced HUSBAND (or WIFE) of Mary Smothers

6. DATE OF BIRTH (month, day, year) June 6 - 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
70	—	—	

8. Trade, profession or particular kind of work done, as spinner, weaver, etc. Retired Attorney Esquire

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0030

10. Date deceased last worked at this occupation (month, day, year) about 10-15 yrs ago

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Talbot Co Md

13. NAME Sophia Smothers

14. BIRTHPLACE (city or town) (State or country) Talbot Co Md

15. MAIDEN NAME Emma King

16. BIRTHPLACE (city or town) (State or country) Talbot Co Md

17. INFORMANT Mrs Smothers

(Address) 115 N. 2nd St

18. BURIAL, CREMATION, OR REMOVAL Mt Auburn Date 7-8 1935

(Place)

19. UNDERTAKER William A. Jackson

(Address) 916 Pine Ave

20. FILED 1935 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/4/35 , 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw him alive 7/4/35 19 ..... Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

Femoral Hypostatic Pneumonia (Duration) (Onset)

Chr Myocarditis

Other contributory causes of importance:

Arteriosclerosis — shock Contusion from auto case 4/27/35

Name of operation None Date of 7/27/35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 4/27 1935

Where did injury occur? Towsontown Md (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Street

Manner of injury Struck by a bumper & knocked down

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Hulbert Bruckey Autopsy Coroner

(Address) 514 Park Ave

✓ F 14176

14176 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

114-B

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR WW

2. FULL NAME George Greason (Greason)

(a) Residence: No. 720 W. Lexington St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. Color or Race: white
5. Single, Married, Widowed, or Divorced (write the word): widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Agnes Greason

6. DATE OF BIRTH (month, day, year): 12/25/69

7. AGE: Years 65 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Baker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Lexington Baking Co
10. Date decreased last worked at this occupation (month and year): June 16 1931
11. Total time (years) spent in this occupation: 18

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

MOTHER FATHER
13. NAME: Thomas Greason
14. BIRTHPLACE (city or town) (State or country): Balto. Md
15. MAIDEN NAME: Mary Spencer
16. BIRTHPLACE (city or town) (State or country): Balto. Md

17. INFORMANT (Address): Balto City Hospt Records

18. BURIAL, CREMATION, OR REMOVAL
Place: Cedar Hill Date: July 8th 1935

19. UNDERTAKER (Address): Wm Cook 127 St Paul St

20. FILED 1935 Huntington Williams, Registrar. # 4777

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-5 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-29 1935 to 7-5 1935
I last saw him alive on 7-4 1935. Death is said to have occurred on the date stated above, at 2:22 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	7 wks

Other contributory causes of importance: Multiple Abscesses of Both Lungs

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert J Martin M. D.

(Address) Balto City Hospt

F 14177

4177

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred Life mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.
If U. S. Veteran specify WAR No

2. FULL NAME George W. Hubbard.
(a) Residence: No. 1415 Eastern St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. Single, Married, Widowed, or Divorced (write the word): Single
6a. If married, widowed, or divorced — HUSBAND of — (or) WIFE of —
6. DATE OF BIRTH (month, day, year) 2/22/1873
7. AGE: Years 62 | Months 4 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mariner 0086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER FATHER
13. NAME Martin Hubbard
14. BIRTHPLACE (city or town) (State or country) Madison, Md.
15. MAIDEN NAME Amanda Wright
16. BIRTHPLACE (city or town) (State or country) Madison Md

17. INFORMANT Records Bur
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Balto Date July 8th 1935
19. UNDERTAKER Wm Cook
(Address) 1217 St Paul St
20. FILED 1935 Huntington Williams, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5 1935
22. I HEREBY CERTIFY, That I attended deceased from 9/29 1934 to 7/5 1935
I last saw him alive on 7/5 1935 Death is said to have occurred on the date stated above, at 4.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia (?)	1-2 da

Other contributory causes of importance:

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reitz, M. D.
(Address) Balto City Hosp

F 14178

4178

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

176

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 624 N. Washington St. Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ✓ yrs. ... mos. ... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Simon Stadnitsky

(a) Residence: No. 624 N. Washington St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year) 1879

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	56			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0080

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Fanny Fortmann

(Address) 572½ N. Gay St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date 7/7/35, 19

19. UNDERTAKER Jos. Leuz Jr.

(Address) 1439 E. Baltimore St.

20. 1835 Hampton Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/5/35, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1933 to July 6, 1935

I last saw h[illegible] alive on July 3, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Cholecystitis	1933.
Cholelithiasis	1933
Myocardial Insufficiency	1935

Other contributory causes of importance:

Was an operation performed? None Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) I. G. Michelson, M. D.

(Address) 2230 Eutaw Pl.

M. D. B. 1268-9

F 14179

1179

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No.

1. PLACE OF DEATH Jenkins Memorial Hospital
CITY OF BALTIMORE: (No. 1000 Caton Avenue St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Ferguson

(a) Residence: No. 805 Madison Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	Widower

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Ferguson

6. DATE OF BIRTH (month, day, year) Aug 4 - 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	11	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0070

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sexton Mt Calvary Church

10. Date deceased last worked at this occupation (month and year) 1935

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) Pa. ~~Baltimore~~ ~~Maryland~~

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Jenkins Memorial Hospital
(Address) 1000 Caton Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 8 1935

19. UNDERTAKER Chas. E. Franck
(Address) 50 E. Lexington or 201 Huntington Avenue, B'klyn, N.Y.

1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st 1935 to July 5, 1935
I last saw him alive on July 5, 1935 Death is said to have occurred on the date stated above, at 9:55 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured femur	6-2-35
Hypostatic pneumonia	7-2-35

Other contributory causes of importance:
Hypertension & cardiac insufficiency

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, ~~suicide or homicide~~? Date of injury June 2-1935
Where did injury occur? St Agnes Hospital
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury slipped on floor
Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon L Kemp, M. D.
(Address) St Agnes Hosp.

H. D. B. 1268-9

✓ F 14180

4180

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

66-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 12 Ward)

Length of residence in city or town where death occurred 31 yrs. .. mos. .. ds. How long in U. S. If of foreign birth? .. yrs. .. mos. .. ds.

2. FULL NAME Mrs. Julia Barry

(a) Residence: No. 3603 Abell Ave St., .. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Robert Barry

DATE OF BIRTH (month, day, year) Mar 6, 1867

AGE	Years	Months	Days	If LESS than 1 day, .. hrs. or .. min.
	68	3	29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard County Md.

13. NAME William Matthews

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME Harriet Howard

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Robt N. Barry

(Address) 3003 Abell Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date 7/8/35

19. UNDERTAKER Harry A. Kutzke

(Address) 4101 Edmondson Ave

20. Huntington Williams M.D. Registrar.

7-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to July 5, 1935

I last saw her alive on July 5, 1935 Death is said to have occurred on the date stated above, at 8.40 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	7-3-35
Hypotension	7-3-35

Other contributory causes of importance:

arteriosclerosis	
Auricular fibrillation	

Name of operation Tracheotomy Date of 7/2/35

What test confirmed diagnosis? — Was there an autopsy? No.

25. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? .. Date of injury — .. 19 ..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ..

(Signed) Glenn Wilson Leiden M. D.

(Address) Womens Hospital Baltimore, Md.

M. D. B. 1268-9

14181 E 14181

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3049 Stafford St., 70 Ward)

Length of residence in city or town where death occurred 4 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Emma Bell Shamer

(a) Residence: No. 3049 Stafford St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of David G. W. Shamer

6b. DATE OF BIRTH (month, day, year) 4-10-74

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	2	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2037

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME OF FATHER James Freeman

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER Mary Bamroyck

16. BIRTHPLACE (city or town) (State or country) Linkmoyer

17. INFORMANT Mrs David G W Shamer

(Address) 3049 Stafford

18. BURIAL, CREMATION, OR REMOVAL

Place St Mary's Hampden Date July 8 1935

19. UNDERTAKER Harry H Kutzke

(Address) 1101 Edmondson Ave

Huntington Williams Jr

Registrar.

FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 3 35 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombus — Date of onset 7/3/35

Other contributory causes of importance:

Cholecystetis, about a week before death.

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. H. Phillips M. D.
Coroner

(Address) 1939 Edmondson Ave

M. D. P. 1268-9

4182

HEALTH DEPARTMENT—CITY OF BALTIMORE

4182

CERTIFICATE OF DEATH

70-a

1. PLACE OF DEATH University Hospital

CITY OF BALTIMORE: (No. Greene and Redwood St., Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 12 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Nellie Miller

(a) Residence: No. Cardiff Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 1913

7. AGE 13	Years	Months 1	Days 6 5	If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolgirl

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Cardiff. Md.

FATHER

13. NAME Russel Miller

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Nellie Lloyd

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Russel Miller

(Address) Cardiff Md

18. BURIAL, CREMATION, OR REMOVAL

Place Delta Pa Date July 9 1935

19. UNDERTAKER Young Watt

(Address) Law Yorke Pa

Huntington Williams Funeral Home

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to July 6 1935

I last saw her alive on July 6 1935 Death is said to have occurred on the date stated above, at 6 20 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombocytopenic Purpura	Unknown
Cerebral Hemorrhage	July 3
Cardiac Failure	" 4-5

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence) fill in answers to following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

(Ginger) ✓

14183 HEALTH DEPARTMENT—CITY OF BALTIMORE E 14183

CERTIFICATE OF DEATH. 165

1 PLACE OF DEATH Gundrys Sanatarium REGISTERED NO. C

CITY OF BALTIMORE (No. 1 ST. 13 WARD) (If death occurred in hospital or Institution give its NAME instead of street and number and fill out No. 18.)

2 FULL NAME Emma F. Ginger

(Residence in Baltimore: No. 1602 Clifton ave St.; yrs., mos. d

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX Female

4-COLOR OR RACE, White

5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.) Single

6-DATE OF BIRTH, May (Month) 13 (Day), 1908 (Year)

7-AGE, 27 yrs. 1 mos. 22 ds.

If LESS than 1 day, ...hrs. or ....min.?

8-OCCUPATION (a) Trade, profession, or particular kind of work Seamstress

(b) General nature of industry, business, or establishment in which employed (or employer) 0069

9-BIRTHPLACE, (State or Country). Baltimore Md

PARENTS.

10-NAME OF FATHER Walter J. Ginger

11-BIRTHPLACE OF FATHER (State or Country). Baltimore Md

12-MAIDEN NAME OF MOTHER Emma F. DuVal

13-BIRTHPLACE OF MOTHER (State or Country). Baltimore Md

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

(Informant) Emma F. Ginger

(Address) 1602 Clifton Ave.

15- July 7 1935

Huntington Williams M.D. Registrar.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 5 (Day), 1935 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to her death on the day stated above.

The CAUSE OF DEATH* was as follows: Suicide by Hanging by an improvised Rope made of clothing

(Duration) yrs. mos.

CONTRIBUTORY (Secondary) Insanity

(Duration) Two yrs. mos.

(Signed) Thos. H. Phillips M.D. (Coroner)

July 5, 1935 (Address) 1939 Edmondson

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).

At place of death yrs. mos. In the State yrs. 21 mos. Life

Where was disease contracted, if not at place of death? at her home

Former or usual residence 1602 Clifton

19-PLACE OF BURIAL OR REMOVAL, Moreland Park Cemetery

DATE OF BURIAL, July 6, 1935

20-UNDERTAKER Josiah Lyser

ADDRESS 1600 N. Rose

M. D. P. 1268-9

✓ F 14184

14184

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4309 Maine Ave. St., 28 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary M. Hugg

(a) Residence: No. 4309 Maine Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Mch. 19. 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	3	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John H. Hugg

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Susanna M. Jones

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Frank H. Hugg
(Address) 4309 Maine Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Ceme Date July 8. 1935

19. UNDERTAKER Ingle & Jones Inc
(Address) 424 N. Broadway

Huntington Williams, Jr.
Registrar.

20. 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6. 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25 1935 to July 6 1935

I last saw her alive on July 5 1935. Death is said to have occurred on the date stated above, at 9.30 P.m.

The principal cause of death and related causes of importance were as follows:

Cardio-Vascular
Cancer of Oesophagus
Cerebral embolism

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. S. Love M. D.

(Address) 2211 Eutaw Pl

✓ F 14185

14185

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 638 W. Fayette St., H Ward)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Josephine Gifprich

(a) Residence No. 638 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, divorced (or) WIFE of: August Giffrich

6. DATE OF BIRTH (month, day, year): June 18 1881

7. AGE: Years 54; Months; Days 17; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 039

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER

13. NAME: William F. Brown

FATHER

14. BIRTHPLACE (city or town) (State or country): U. S.

15. MAIDEN NAME: Elizabeth Robbins

16. BIRTHPLACE (city or town) (State or country): U. S.

17. INFORMANT: Edwin Forrest
(Address) 638 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL
Place: Trinity Cem. Date: July 8 35

19. UNDERTAKER: John A. Mohan
(Address) 3000 E. Baltimore St.

20. 1935 Huntington Williams, M.D.

RKH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/5/35

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1934 to July 5, 1935.

I last saw her alive on July 4, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Gallbladder	July '34
Other contributory causes of importance:	
Gall stones	1933.

Name of operation None Date of.....

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury ..... 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Samuel S. Wolfe M. D.

(Address) 1331 E. North Ave

✓ F 14186

4186

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

51 F

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3114 E Baltimore St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 46 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Thomas M. O'Melia

(a) Residence: No. 3114 E Balto. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, HUSBAND of (or WIFE of): Elizabeth O'Melia

7. DATE OF BIRTH (month, day, year): May 16 1889

8. AGE — Years: 46 — Months: 1 — Days: 19 — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plumber & Gas fitter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0059

10. Date deceased last worked at this occupation (month and year): June 1934

11. Total time (years) spent in this occupation: 30 yrs

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER'S NAME

13. NAME: Patrick O'Melia

14. BIRTHPLACE (city or town) (State or country): Balto Md

15. MAIDEN NAME: Mary Golden

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Margaret O'Brien 3006 E. Baltimore

18. BURIAL, CREMATION, OR REMOVAL: Place New Cathedral Date July 8 1935

19. UNDERTAKER (Address): John A McGrath 3009 E. Balto St.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/5/1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1933 to July 5 1935

I last saw him alive on July 5 1935. Death is said to have occurred on the date stated above, at 7 3/4 m.

The principal cause of death and related causes of importance were as follows:

Stomach cancer Hemorrhage from left femoral artery Hypovolemia.

Date of onset

Other contributory causes of importance: Carcinoma of penis 2 yrs. duration

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? None (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) B V Kelly M. D.

(Address) 100 N Linwood Ave

M. D. B. 1568-9

Dr Smith ✓ F 14187

14187 HEALTH DEPARTMENT—CITY OF BALTIMORE

106-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2916 Auchentoroly Terrace Ward

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A Kelly

(a) Residence: No. 2916 Auchentoroly Terrace Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Francis J. Kelly

6b. DATE OF BIRTH (month, day, year): June 21, 1864

7. AGE — Years: 71 — Months: — Days: 14 — If LESS than 1 day, hrs. or min.:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto Md.

13. NAME: Peter McCarthey

14. BIRTHPLACE (city or town) (State or country): Ireland

15. MAIDEN NAME: Catherine Curley

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT (Address): Mary Kelly 2850 Parkwood Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place: Cathedral Date: June 8 1935

19. UNDERTAKER (Address): Martin Gray & Sons 847 W. North Ave.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 5th 1935

22. I HEREBY CERTIFY, That I attended deceased from January 4 1935 to July 5th 1935

I last saw her alive on July 4 1935 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: July 5 1935

Arteriosclerosis — Date of onset: 10 yrs

Other contributory causes of importance:

Wasting due to senility — Date of onset: 1 mo

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) E. Grant M. D.

(Address) 1400 W. North Ave.

H. D. B 1268-9

✓ F 14188

4188 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 600 Cator Ave. St., 9 Ward) 73

Length of residence in city or town where death occurred 75 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME BARBARA BACHMAN

(a) Residence: No. 600 Cator Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Bachman

6. DATE OF BIRTH (month, day, year) Jan. 25. 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
85	5	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

13. NAME John Volz

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaretha Lauer

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Miss Mary E. Bachman (Daughter)

(Address) 600 Cator Avenue

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cemetery Date July 8, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. F. Sander

(Address) Baltimore & Broadway.

20. FILED Huntington Williams M. D.

JUL - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1935, to July 5, 1935

I last saw her alive on July 5, 1935 Death is said to have occurred on the date stated above, at 1.00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia - June 27/35	June 27/35
chronic nephritis - Uraemia	July 1-35.
cardio - vascular - renal	3 yrs.
Other contributory causes of importance:	
auricular fibrillation -	3 yrs
mitral stenosis -	3 yrs
arterial hypertension	3 yrs.

Name of operation ..... Date of .....

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Louis F. Hemmeter M. D.

(Address) 722 No. Howard St.

M. D. R. 1268-9

✓ F 14189

4183

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

59

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2908 St. Paul St., 12 Ward)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME David E. Williams

(a) Residence: No. 2908 St. Paul St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Stokes Williams

6. DATE OF BIRTH (month, day, year) November 29, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. McCawley & Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 30 yrs

PARENTS

12. BIRTHPLACE (city or town) (State or country) Cincinnati Ohio

13. NAME Thomas J. Williams

14. BIRTHPLACE (city or town) (State or country) Wales

15. MAIDEN NAME Sarah Rees

16. BIRTHPLACE (city or town) (State or country) Wales

17. INFORMANT Mr. Aryeline F. Williams

(Address) Arnold, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem. Date July 8, 1935

19. UNDERTAKER Geo. H. Cook

(Address) 1007 W. Baltimore St.

20. Filed JUL 8 - 1935 Huntington Williams Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 5, 1935

I last saw him alive on July 3, 1935. Death is said to have occurred on the date stated above, at 2.25P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	4 yrs
Cirrhosis - Pancreas	3

Other contributory causes of importance:

Senile Atrophy of Brain
Hemiplegia, Left sided
3 days

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Jefferies Buck M. D.

(Address) 2844 St. Paul St.

D. B 1268-9

F 14190

4190 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH on Western Maryland R.R. tracks (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., ... Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME George Weatherly

(a) Residence: No. 640 Richmond St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	Col.	Married.

6. If married, widowed or divorced: HUSBAND of (or) WIFE of Hattie Weatherly

DATE OF BIRTH (month, day, year) Sept 1885

AGE	Years	Months	Days	If LESS than 1 day, ... hr. or ..... min.
50				

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1040

10. Date deceased last worked at this occupation (month and year) 2 yrs ago

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Anne Md

13. NAME Mariana Weatherly

14. BIRTHPLACE (city or town) (State or country) Princess Anne Md

15. MAIDEN NAME Fannie Whitfield

16. BIRTHPLACE (city or town) (State or country) Richmond Va

17. INFORMANT Fannie Christian

(Address) 804 Pine St.

18. BURIAL, CREMATION OR REMOVAL

Place Mt Calvary Date 7/8 35 19

19. UNDERTAKER Wm A. Jackson

(Address) 916 Penna ave

20. FILED 1935 Huntington Tues Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental death	
Fracture left femur	
Bruising & crushing of	
Contused Scalp	
W. M. R.R. Freight Train.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inspection Was an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 3 19 35

Where did injury occur? W. M. R.R. tracks
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place W. M. R.R.

Manner of injury Train running

Nature of injury Fracture left femur & Skull fracture

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 916 Penna ave

D. B 1268-9

F 14191

4191

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 160-8

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Joshua Neirtte League

(a) Residence: No. Chase, Md St., Ward. Chase, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	White	—

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) 7/1/55

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
		1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chase Md.

13. NAME John League

14. BIRTHPLACE (city or town) (State or country) Chase Md

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Chase Md.

17. INFORMANT John League

(Address) Chase Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Chase, Md Date July 7, 1935

19. UNDERTAKER Snyder & Sons Inc

(Address) 1st & N. Broadway

FILED Huntington Williams Inc
Registrar.

JUL - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 11:55 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intra-Cranial Hemorrhage (due to birth)	7/1/35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1717 E. North Ave

F 14192

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14192

104-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospt. St. 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Lochman Jr.

(a) Residence: No. 672 N. Fremont Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): 10-19-1921

8. AGE: Years 13 | Months 8 | Days 16 15 | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School Boy

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ?

11. Date deceased last worked at this occupation (month and year): ?

12. Total time (years) spent in this occupation: ?

13. BIRTHPLACE (city or town) (State or country): Baltimore Md.

14. NAME: William Lochman

15. BIRTHPLACE (city or town) (State or country): Baltimore Md.

16. MAIDEN NAME: Elizabeth Griffin

17. BIRTHPLACE (city or town) (State or country): Baltimore Md.

18. INFORMANT (Address): Balto. City Hospt Records

19. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 7/8/35, 19

20. UNDERTAKER: Chas S. Cooper

(Address) 514 N. Calhoun St.

Filed 7-8-1935 Remington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-4, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2-, 1935, to 7-4, 1935

I last saw him alive on 7-4, 1935. Death is said to have occurred on the date stated above, at 1230 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Frontal Sinusitis, Bilateral	2 wks
Other contributory causes of importance: Multiple Brain Abscesses	1 wk

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Ralph F. Mantin M. D.

(Address) Balto. City Hospt

F 14193

F 14193

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 341-52a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 8 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Henry Lohmeyer.

(a) Residence: No. 1738 N. Duncan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Married.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Clementine.

6. DATE OF BIRTH (month, day, year): Jan 10th 1872.

7. AGE: Years 63 | Months 6 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Shell Oil Co

10. Date deceased last worked at this occupation (month and year): 1933

11. Total time (years) spent in this occupation: 2 yr.

12. BIRTHPLACE (city or town) (State or country): Balto. Md.

MOTHER FATHER

13. NAME: Fred H. Lohmeyer

14. BIRTHPLACE (city or town) (State or country): Germany.

15. MAIDEN NAME: Amand J. Mise

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place London Park Date July 9th 1935

19. UNDERTAKER: Wm Cook
(Address) 1217 St Paul st

20. FILED [illegible] 19 [illegible] Registrar

7-9-1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1935 to 7/6 1935

I last saw him alive on 7/6 1935 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3 days
Bronchopneumonia	1 day.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp

F 14194 F 14194

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 521 Dennison St St., 70 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME George W. Sollers

If U. S Veteran specify WAR

(a) Residence: No. 521 Dennison St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

7. DATE OF BIRTH (month, day, year) Aug. 29, 1855

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
79	10	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. S. B. Todd Jr.

10. Date deceased last worked at this occupation (month and year) 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co.

FATHER

13. NAME Josie Sollers

14. BIRTHPLACE (city or town) (State or country) Balto Co.

MOTHER

15. MAIDEN NAME Pleasant Goodwin

16. BIRTHPLACE (city or town) (State or country) Balto. Co.

17. INFORMANT S. B. Todd

(Address) Sparrows Point

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 9/35

19. UNDERTAKER William Cook

(Address) 1217 St Paul St.

20. FILED JUL 8 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to July 7, 1935.

Last saw h alive on July 7, 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 1935
Other contributory causes of importance: Chronic Nephritis	June 1935

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) L. A. Lally, M. D.

(Address) 35.7 Edmondson

F 14195

F 14195 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

125-13

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. Balto City Hosp. St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? 40 yrs. mos. ds.

2. FULL NAME Jim. Murphy.

If U. S. Veteran specify WAR

(a) Residence: No. 140 Mc Mechin St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 7, ?

7. AGE: Years 47. Months Days 27 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer. yo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): West Indies do.

FATHER

13. NAME: Peter Murphy.

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Jeanette ?

16. BIRTHPLACE (city or town) (State or country): Ohio.

17. INFORMANT: Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL: Mt. Calvary Cem. July 8 1930

19. UNDERTAKER: John C. Butler

(Address) 814 Huntington Ave

Huntington Williams, Mgr

20. FILED 8-1930

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/4, 1930

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1930 to 7/4, 1930

I last saw him alive on 7/4, 1930 Death is said to have occurred on the date stated above, at 1 p.m.

The principal cause of death and related causes of importance were as follows:

Abscess of lung. Date of onset 1 mo.

arising from abscess of liver. 6 wks

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

D. B 1268-9

F 14196

HEALTH DEPARTMENT—CITY OF BALTIMORE

14196

CERTIFICATE OF DEATH

94-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 656 N. Hoffman St.

CITY OF BALTIMORE: (No. 656 N Hoffman St., 17 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mamie Holmes

(a) Residence: No. 656 N. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Robert Holmes.

DATE OF BIRTH (month, day, year) 3/23/1917

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	18	3	12	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework Laundress 20 mo

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lee Co. S. C.

13. NAME Charles Tristan

14. BIRTHPLACE (city or town) (State or country) Lee Co. S. C.

15. MAIDEN NAME Margaret Tristal

16. BIRTHPLACE (city or town) (State or country) Lee Co. S. C.

17. INFORMANT Margaret Bristal

(Address) 656 N. Hoffman St.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Cem. Date July 8 '51

19. UNDERTAKER Chas. E. Sloan

(Address) 916 Druid Hill Ave.

FILED ... 19 51 ... Registrar.

D-1916

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1951

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ... to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris.	

Other contributory causes of importance:

Hypertension & Emphysema,

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Hann, M. D. Coroner

(Address) 1216 Hanover

F 14197

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14197

CERTIFICATE OF DEATH

Registered No. 160-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 6th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 hrs mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Wright

(a) Residence: No. University Hosp St., Ward. (If non-resident give city or town and State)

(Usual place of abode) 6 E Lanahan St

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
WIFE of
(or) HUSBAND of

DATE OF BIRTH (month, day, year) July 5, 35

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			1 hour 13 min	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. infant
10. Date deceased last worked at this occupation (month and year) none
11. Total time (years) spent in this occupation none

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Alexander Wright

14. BIRTHPLACE (city or town) (State or country) Columbia, S. C.

15. MAIDEN NAME Lillian Scott

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Mrs. Wright
(Address) University Hosp

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Date July 6th 1935

19. UNDERTAKER
(Address)

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2.01 P.M. July 5 . 1935 to 5.21 July 5 . 1935
I last saw her alive on July 5 . 1935 Death is said to have occurred on the date stated above, at 5.20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	2 hrs.
	ante
Other contributory causes of importance: Edema Septicemia	2 hrs.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Howell S. Elliott, M. D.

(Address) University Hospital

Spec.—9-30—A. & Co.—250/Blks.

F 14198

F 14198

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

REGISTERED NO. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

CITY OF BALTIMORE: (No 626 W. Conway ST. 27 WARD)

2 FULL NAME George Alsup

(a) RESIDENCE NO. 626 W. Conway ST. ..... WARD .....
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
M	Col	Married

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of Mary J. Alsup

6 DATE OF BIRTH (month, day, and year) Aug 7 1897

7 AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
37	10	28 25	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Laborer

(b) General nature of industry, business, or establishment in which employed (or employer) on Moving Van

(c) Name of employer A. Platt.

9 BIRTHPLACE (city or town) (State or country) Baltimore

PARENTS

10 NAME OF FATHER Charles Barber

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore.

12 MAIDEN NAME OF MOTHER Annie Alsup

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore

14 Informant Mary J. Alsup
(Address) 626 W. Conway

15 Filed ... Registrar

8-1935

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 5th 1935

17

I HEREBY CERTIFY, That I attended deceased from Feb 23, 1935 to July 5th 1935 that I last saw h im alive on July 5th 1935 and that death occurred, on the date stated above, at 10 A. m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(duration) yrs. 4 mos. 12 ds.

CONTRIBUTORY (Secondary) .....
(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did no operation precede death? Date of

Was there an autopsy?

What test confirmed diagnosis? Sputum Examn

(Signed) Dr. Carroll M. D.

7/6. 1935 (Address) 109 W. Hall St

*State the Disease Causing Death, or in deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Mt Calvary

DATE OF BURIAL 7-9 1935

20 UNDERTAKER James A Hayes

ADDRESS 142 W Hall

M. D. F 72684

F 14199

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14199

CERTIFICATE OF DEATH

V 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 27 Ward)

Length of residence in city or town where death occurred yrs. mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Brown

(a) Residence: No. 5720 Winner Ave St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 10, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME James Brown

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Irma Tankersley

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mrs. Irma Brown

(Address) 5720 Winner Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Black Rock Date 7/8 1935

19. UNDERTAKER Chenoweth & Son

(Address) 3610 Chesapeake Ave Huntington Williams, W. Va.

20. [illegible] 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to July 7 1935

I last saw h.A alive on July 7 1935 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/10
Pneumonia, broncho (aspiration)	7/2

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Baltimore City Hospital

F 14200

F 14200

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 19 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Edward Ports

(a) Residence: No. 410 S. Gilmor st. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec. 17, 1897

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37	6	19	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER'S MAIDEN NAME

13. NAME William Ports

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Maggie Driver

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cem Date July 9th 1935

19. UNDERTAKER Lowell & Byers
(Address) 2824 Edmondson Ave.
Huntington Williams, M.D.

20. DATE ... 19 ... Registrar

- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 . 1935

22. I HEREBY CERTIFY, That I attended deceased from June 11 . 1935 to July 6 . 1935

I last saw h im alive on July 6 . 1935. Death is said to have occurred on the date stated above, at 1.15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	May 1935
Other contributory causes of importance:	

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kanjian, M. D.

(Address) Baltimore City Hospital

F 14201

F 1420[illegible] HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 47-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3726 Boarman Av St., 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Emily Frances Woodson

(a) Residence: No. 3726 Boarman Av St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Oct. 31, 1874

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hostess Underwood & Underwood

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Underwood Studio

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER FATHER

13. NAME Andrew Woodson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Isabell Hawley

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT (Address) Alice Michel 3726 Boarman Av

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date July 8, 1935

19. UNDERTAKER (Address) Geo. F. Smith 1900 Eutaw Place

Huntington Williams, M.D. Registrar

8 - 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1935 to 7-5, 1935.

I last saw her alive on 7-5, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Lung	about 4 mos.
Other contributory causes of importance: Endocarditis. Mitral Regurgitation	6 mos.

Was an operation performed? No Date of None

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19 3.

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Aimee H. Lorell M. D.

(Address) 3705 Liberty Hts. Av.

F 14202

14202

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

193-C

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. 746 W. Fayette St. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 94 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Thornton Rollins

(a) Residence: No. 746 W. Fayette St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Porter

6. DATE OF BIRTH (month, day, year) Oct 7. 1840

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
94	8	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coffee merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME William Rollins

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Julia Ann Sylvester

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Tenia C. Fisher

(Address) 746 W. Fayette St.

18. BURIAL, CREMATION, OR REMOVAL

Place Green Mount Date July 9. 1935

19. UNDERTAKER John C. Mitchell & Son

(Address) 1900 Eutaw Place

20. FILED 7-10-1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6/35. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1935. to July 6 1935

I last saw h[illegible] alive on July 6 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Chronic Myocarditis	1930

Other contributory causes of importance: Acute Cardiac Dilitation July 1935

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Harry Glassman M. D.

(Address) 753 W. Fayette St.

D. B 1268-9

F 14203

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14203

CERTIFICATE OF DEATH

Registered No. 18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Deegan (alias Known as John Deneen)

(a) Residence: No. 1363 N Dilmon St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	Colored	married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Deegan

7. DATE OF BIRTH (month, day, year) unknown

AGE Years	Months	Days	If LESS than 1 day, ... hrs., or ... min.
about 35	—	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant 1043

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. junk collector

10. Date deceased last worked at this occupation (month and year) Feb 2 35

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Perry Georgia

13. NAME Elliott Deegan

14. BIRTHPLACE (city or town) (State or country) Perry Georgia

15. MAIDEN NAME Susie Holmes

16. BIRTHPLACE (city or town) (State or country) unknown

INFORMANT Solonza Deegan

(Address) 1435 Parrish St

BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/9 35 19

UNDERTAKER Thomas E. Kelson

(Address) 1303 Pregator Ave Huntington Williams, N.Y.

FILED 7-8 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 3 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the date stated above, at 11.50 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
meningitis	July 2

Other contributory causes of importance:

unknown

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ... If so, specify ...

(Signed) Wm. Wright Coroner, M. D.

(Address) 1010 S. Ellwood Ave

F 14204

H.D. Rev 243-9

1420

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 650 N. Carey St.

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred 20 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Gillis

(a) Residence: No. 650 N. Carey St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX: Male

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Married

If married, widowed, or divorced HUSBAND of (or) WIFE of: Mabel Gillis

DATE OF BIRTH (month, day, year): Feb 18 1892

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	43	4	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Steelworker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Steel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country): West Moreland Co Va.

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Gillis West Moreland Co Va.

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): West Moreland Co Va

INFORMANT: Mabel Gillis

(Address): 1420 Madison St.

BURIAL, CREMATION, OR REMOVAL

Place: National Cemetery Date: July 8 1935

UNDERTAKER: Thos. E. Kelson

(Address): 1303 Pennsylvania Ave.

FILED: 8-1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8-9 p.m.

The principal cause of death and related causes of importance were as follows:

Valvular heart lesion

Date of onset

Other contributory causes of importance:

Name of operation: None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

21. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) ..... Coroner, M. D.

(Address) 1216 Hanover St.

M. D. B. 1268-9

F 14205

14205

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 46-E

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3213 Juneau Place 37 Ward)

Length of residence in city or town where death occurred 69 yrs. ... mos. 3 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Annie M Brune

(a) Residence: No. 3213 Juneau Place St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. ~~Single~~, ~~Married~~, Widowed, or ~~Divorced~~ (~~write the word~~): Widowed

5a. If ~~married~~, widowed, or ~~divorced~~ (or) WIFE of: Widow of Wm H Brune

6. DATE OF BIRTH (month, day, year): July 3rd 1866

7. AGE: 69 Years | Months | 3 Days | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

FATHER

13. NAME: John Rummelsman

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Amelia Drager

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Lillie Rummelsman
(Address): 3213 Juneau Place

18. BURIAL, CREMATION, OR REMOVAL
Place: Mt Carmel Date: July 9 1935

19. UNDERTAKER: George Schmidt & Sons
(Address): Pulaski & Monument Sts

11-10 1935 ... 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 1935 to July 1935

I last saw her alive on July 6 1935 Death is said to have occurred on the date stated above, at 1.20 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Biliary tract	

Other contributory causes of importance:

Hypertension - Myocarditis

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No

(Signed) H. B. McGlannan M. D.

(Address) 31 E Preston Ave

F 14206

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

14206

CERTIFICATE OF DEATH

9 ✓ 181-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital, 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Jane Francis

(a) Residence: No. 623 Melville Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

DATE OF BIRTH (month, day, year) Aug. 5, 1923

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	11	11	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Raymond Lee Francis

14. BIRTHPLACE (city or town) (State or country) Troppe, Texas

15. MAIDEN NAME Marian V. Henderson

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Mr. Raymond Francis,
(Address) 623 Melville Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Cem. Date July 9, 1935

19. UNDERTAKER Frederick Lauenbrodt
(Address) 7401 Belair Road
Huntington Williams, Registrar.

FILED 1935, 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.. to ....., 19..

I last saw h... alive on ....., 19.. Death is said to have occurred on the date stated above, at ....m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
First and second degree burns over Thorax, arms, palms and body	July 4

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 4, 1935

Where did injury occur? 623 Melville Ave
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury clothes ignited by matches while using fireworks

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) H. H. Dedeaux Coroner, M. D.
Coroner

(Address) Coroners

D. B 1268-9

F 14207

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14207

CERTIFICATE OF DEATH

✓ 107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Richard Purham, Jr.

(a) Residence: No. 790 W. Saratoga St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Single

If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4/4/35

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	3	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Richard Parham

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Lillian Sevoy

16. BIRTHPLACE (city or town) (State or country) Balto. Md

17. INFORMANT Richard Parham

(Address) 790 W. Saratoga St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Zion Date Aug 8 1935

19. UNDERTAKER Edwin O. Wilson

(Address) 1200 W. Baltimore St.

20. FILED Aug 8 1935, 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) July 5, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1.30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	
Probably Bronoho Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) F. K. Carlson, M. D.

(Address) 2737 W. Lanvale

M. D. B. 1268-9

F 14208

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14208

CERTIFICATE OF DEATH

V 115-B

1. PLACE OF DEATH: Good Shepherd Hospital

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 512 N. Gilmor St., 18 Ward)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Alonzo Giles

(a) Residence: No. 13 N. Population St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): widower

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Aug 20. 1893

8. AGE: Years 42 | Months 10 | Days 14 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: [illegible]

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME: Henry Giles

14. BIRTHPLACE (city or town) (State or country): Baltimore Md

15. MAIDEN NAME: Alice Edwards

16. BIRTHPLACE (city or town) (State or country): Baltimore Md

17. INFORMANT: Henry Giles
(Address) 13 N Population St

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Auburn Date July 9 1935

19. UNDERTAKER: Joseph A. Pingley
(Address) 1409 N. Mount St Baltimore, Md.

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935 to July 4, 1935

I last saw h[illegible] alive on July 4, 1935 Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Secondary anemia	
Pyorrhea Alveolaris	

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Marshall M.D.

(Address) 1838 Orleans St

F 14209

F 14209

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp St., 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME George Heim

(a) Residence: No. 1453 Richardson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annie.

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stevedore

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. dock

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia.

13. NAME Casper Heim

14. BIRTHPLACE (city or town) (State or country) Russia.

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Russia.

17. INFORMANT Records Bet.

(Address)

18. BURIAL, CREMATION, OR REMOVAL Holy Cross Cem. Co. Date 7/10, 1935

Place

19. UNDERTAKER Margaret Dorsey Thomas

(Address) 1422 Light St.

Huntington Williams, Reg. Reg. No.

8 JUL 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/2, 1935, to 7/7, 1935

I last saw him alive on 7/7, 1935 Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	?
Arteriosclerosis	
Other contributory causes of importance:	
Senility	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation Clinical Date of .....

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roland A. Reiter, M. D.

(Address) Balto City Hosp

M. D. B 1268-9

F 14210

HEALTH DEPARTMENT—CITY OF BALTIMORE

F14210 ✓ 94-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 104 W. Lee St. St., 22 Ward)

Length of residence in city or town where death occurred 20 yrs. ---mos.---ds. How long in U. S. If of foreign birth? ....yrs. ....mos. ....ds.

2. FULL NAME Ralph McClurg.

(a) Residence: No. 104 W. Lee St. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of Lula McClurg.

DATE OF BIRTH (month, day, year) September 12, 1876

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	9	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Chicago, Ill.

13. NAME Do not know.

14. BIRTHPLACE (city or town) (State or country) Do not know.

15. MAIDEN NAME Do not know.

16. BIRTHPLACE (city or town) (State or country) Do not know.

INFORMANT Lula McClurg.(wife)

(Address) 104 W. Lee St.

BURIAL, CREMATION, OR REMOVAL

Place Cedar Hill Date July 8, 1935

UNDERTAKER Margaret J. Fitzpatrick

(Address) 1423 Pine St. Huntington Williamsport, Md.

FILED 7-8-1935, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19 ..., to ....., 19 .....

I last saw h... alive on ....., 19 ... Death is said to have occurred on the date stated above, at 5.15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

Signed Otto Reinhardt, M. D. Coroner

7/5/35 (Address) 1017 E. Charles St.

F 14211

14211

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

11 34 93-D

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 11 Ward)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S Veteran specify WAR .....

2. FULL NAME Susie Ryan

(a) Residence: No. 724 Eutaw St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Married.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Steven.

6. DATE OF BIRTH (month, day, year) ?

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
63			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Prince Geo. Co. Md

13. NAME Daniel Howard.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Rosetta Pinkney

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records Bath

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 8 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19 ..... Registrar

-1255

THE MORGUE.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/15 1934 to 7/1 1935

I last saw her alive on 7/1 1935 Death is said to have occurred on the date stated above, at 10.30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insuffi- ciency	5 yr.
	4 yrs
	5
Other contributory causes of importance: Arteriosclerosis Hypertension	?

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert L Reed M.

(Address) Balto City Hosp

14212 HEALTH DEPARTMENT—CITY OF BALTIMORE

14212

CERTIFICATE OF DEATH

H-3

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. No. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Milton Gant.

If U. S. Veteran specify WAR .....

(a) Residence: No. none St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored.	Widowed.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma.

6. DATE OF BIRTH (month, day, year) 3/4/1859.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
76.	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Johns.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Susan Nagle

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cem. Date July 8 1935 July 10-35

19. UNDERTAKER Frances A. Stemsley
(Address) 548 N. Biddle St.

1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/29 1935

22. I HEREBY CERTIFY, That I attended deceased from 11/30 1934 to 6/29 1935

I last saw him alive on 6/29 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	18 mo.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reiter, M. D.

(Address) Balto City Hosp.

✓ F 14213

14213

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131 Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Etta Lusby.

(a) Residence: No. 2909 Arlington Ave. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Divorced.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of George

7. DATE OF BIRTH (month, day, year) 1/28/1897.

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38.	5	3	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Robert Connelle.

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Daisy

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Patient.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 8 1935

19. UNDERTAKER

(Address)

20. Huntington Williams

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1935 to 7/1 1935

I last saw her alive on 7/1 1935 Death is said to have occurred on the date stated above, at 7.30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency 5 yr.
Hypertension ?
Chronic nephritis ?
anemia

Other contributory causes of importance:

Arteriosclerosis ?

Date of onset

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert G. Reiter M. D.

(Address) Balto City Hosp.

F 14214

214 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

34-1 107-a

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. Balto. City Hosp St., 3 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME George Kiefer.

(a) Residence: No. 701 E. Pratt. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

7. DATE OF BIRTH (month, day, year) 10/16/1860

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74.	8	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Meat Packing

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Europe.

13. NAME John Kiefer

14. BIRTHPLACE (city or town) (State or country) Europe.

15. MAIDEN NAME Kate Claymond.

16. BIRTHPLACE (city or town) (State or country) Europe.

17. INFORMANT Records Bch.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 8, 1935

19. UNDERTAKER .....
(Address)

20. 1935 Interment Filed [illegible] Registrar

1536

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6/30, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/27, 1935, to 6/30, 1935

I last saw him alive on 6/30, 1935 Death is said to have occurred on the date stated above, at 5-30 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration between onset and death
Bronchopneumonia	3 days

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

M. D. B. 1208-9

✓ F 14215

4215

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd General Hospital

CITY OF BALTIMORE (No. 512 Gilmor St., 9 Ward)

Length of residence in city (or town) where death occurred ? yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edgar Jones

(a) Residence: No. 1065 Myrtle Ave St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Married

6. If married, widowed or divorced HUSBAND of (or) WIFE of Maggie Jones

7. DATE OF BIRTH (month, day, year) ?

8. AGE 87 ? Years | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Petersburg, Va

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Miss Irene Marsh

(Address) B. & O. R.R. Co.

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 8 1925

19. UNDERTAKER

(Address)

FILED 1925 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th 1925

22. I HEREBY CERTIFY, That I attended deceased from July 6 1925 to July 7 1925

That I last saw h alive on July 6 1925 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	?
Arteriosclerosis	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Hale Harris M. D.

(Address) 817 Eutaw St

L. D. B 1268-9

F 14216

HEALTH DEPARTMENT—CITY OF BALTIMORE

14216

CERTIFICATE OF DEATH

Registered No. x59

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. South Baltimore General St. Hospital 24 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Andrew Barthel.

(a) Residence: No. Wise Ave near Bear Creek St., Baltimore Co. Md. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced, HUSBAND of Amelia Barthel.

DATE OF BIRTH (month, day, year) September, 27, 1882

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	9	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Unknown.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Margaret Garhardt.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

INFORMANT Amelia Barthel. (wife)

(Address) Wise Ave. Baltimore Co. Md.

BURIAL, CREMATION, OR REMOVAL

Place Forest Lawn Cemetery Date July 10 1935

UNDERTAKER Lilly & Feldmeier

(Address) 403 S. Fulton Ave.

FILED July 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935 .19

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus.	
Diabetic Coma.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Hospital Autopsy. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otto M. Gearhardt M. D. Coroner

7/8/35 Address) 1017 E. Charles St.

M. D. B 1268-9

✓ F 14217

4217

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 613 N Washington St St., 6 Ward)

Length of residence in city or town where death occurred 52 yrs. 1 mos. 22 How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Frank Engers

(a) Residence: No. 613 N Washington St., 6 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of — single

DATE OF BIRTH (month, day, year) May 14 1883

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — Attorny At Law

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) — Balto Md

13. NAME Charles Engers

14. BIRTHPLACE (city or town) (State or country) — Balto Md

15. MAIDEN NAME Anna Gier

16. BIRTHPLACE (city or town) (State or country) — Balto Md

INFORMANT Agnes C Engers (sister)
(Address) 113 N Washington St

BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July 10 1933

UNDERTAKER Libbe Zieler Inc
(Address) 403 S Wolfe St

FILED Huntington Williams, Mgr
- 1933

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Other contributory causes of importance: Cardiac Failure	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Wheeler, Coroner, M. D.

(Address) 1919 E. North Ave.

F 14218

14218 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-D

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3315 Fait Ave St., 76 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. 4 mos. 8 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME David Foreman,

(a) Residence: No. 3315 Fait Ave. St., 26 Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	white	widower

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of the late Louisa Foreman.

6. DATE OF BIRTH (month, day, year) Feb. 11 1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	4	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Standard Oil

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md.

FATHER

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT Anna Rebbel (Daughter)
(Address) 3315 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Sacred Hearts Date July 10 1935

19. UNDERTAKER Lilly & Zeiler Inc
(Address) 4035 E. Wolfe St

FILED 1935 Huntington Williams M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 35 19

22. I HEREBY CERTIFY, That I attended deceased from July 2 19 35 to July 7, 19 35

I last saw him alive on July 7 19 35 Death is said to have occurred on the date stated above, at 6 p. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency — Date of onset 7-2-35

Other contributory causes of importance:

Arterio-sclerosis

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Physical signs Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. B. Bronushas M.D.

DR. I. B. BRONUSHAS
3037 O'DONNELL ST.

M. D. B. 1268-9

F 14219

14219

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

18

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 17 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Raymond Brooks

(a) Residence: No. 1104 Argyle St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. | 4. Color or Race Col | 5. Single, Married, Widowed, or Divorced (write the word)

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) 12/27/1920

8. AGE: Years 15 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME OF FATHER Geo Brooks

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

15. MAIDEN NAME OF MOTHER May Haden

16. BIRTHPLACE (city or town) (State or country) St Marys County

17. INFORMANT May Brookes

(Address) 1104 Argyle ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary Date 7/8 35 . 19

19. UNDERTAKER Wm E Jackson

(Address) 916 Penna ave

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

0

21. DATE OF DEATH (month, day, year) July 8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 8 1935

I last saw h alive on July 8 1935 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebro Spinal Meningitis — Date of onset July 6 1935

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury . 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify

(Signed) E L Allen M. D.
Coroner

(Address)

14220 — MAT—100 Blks.

14220

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14220

93-a

CERTIFICATE OF DEATH

REGISTERED NO. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number and fill out No. 18.)

1-PLACE OF DEATH 3904 Ludgwood Ave.

CITY OF BALTIMORE: (No. 3904 ST., 28 WARD)

2-FULL NAME Anna Ritter

(a) RESIDENCE NO. 3904 Ludgwood Ave ST., ... WARD .....

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 Single, Married, Widowed, or Divorced (write the word): Married

5a If married, widowed, or divorced HUSBAND of (or) WIFE of: Ferdinand W. Ritter.

6 DATE OF BIRTH (month, day, and year): Dec 10 1879

7 AGE: 55 Years | 1 Months | 27 Days | If LESS than 1 day, hrs. or min.

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Baltimore Md.

PARENTS

10 NAME OF FATHER: Frederick W. Richter

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Lanier

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Ferdinand W. Ritter 3904 Ludgwood Ave

15 Filed ..... 1935 ..... Registrar

CORONER'S CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 7 1935

17 I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said (Inquest, autopsy or inquiry) find that said deceased came to death on the day stated above. at about 3 PM

The CAUSE OF DEATH* was as follows:

Acute Myocarditis.

(duration) yrs. mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

(Signed) C Klein (Coroner) M. D.

July 7, 1935 (Address) 1215 Hanover.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents.)
At place of death yrs., mos., ds. In the State yrs., mos., ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park Cemetery DATE OF BURIAL July 9 1935

20 UNDERTAKER: Harry R. Arnold & Son ADDRESS 4204 Ridgewood Ave

M. D. P. 1268-9

14221 F 14221

HEALTH DEPARTMENT—CITY OF BALTIMORE

Bon Secours Hospital

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH Mrs. Anna C. Norris

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mrs. Anna C. Norris

(a) Residence: No. 602 N. Augusta Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of: Henry C Norris

6. DATE OF BIRTH (month, day, year): Apr 30 1862

7. AGE: Years: 73; Months: 2; Days: 7; If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) (State or country): Maryland

13. NAME OF FATHER: Aloysius Hayden

14. BIRTHPLACE (City or town) (State or country): Maryland

15. MAIDEN NAME OF MOTHER: Rose Dreatley

16. BIRTHPLACE (City or town) (State or country): Maryland

17. INFORMANT: Jos Byrnes

(Address) 602 N Augusta

18. BURIAL, CREMATION, OR REMOVAL: Cathedral Cem 7/10 1935

19. UNDERTAKER: Engel & Staley

(Address) Fulton & Fayette

20. FILED ... 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-7 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-29- 1925 to 7-7 1935

I last saw her alive on 7-7 1935 Death is said to have occurred on the date stated above, at 4 PM m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset: —

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Daniel S. Shanahan M. D.

(Address) Bon Secours Hospital

F 14222

14222

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159 Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton 70 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Donald Freeberger

(a) Residence: No. 2637 Delaney St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) 7-7-35

AGE	Years	Months	Days	If LESS than 1 day 5 hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Fred. William Freeberger

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Teresa Catherine Yaskin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Theresa Freeberger
(Address) 2637 Delaney St.

18. BURIAL, CREMATION, OR REMOVAL.
Place London Park Date July 8, 1935

19. UNDERTAKER George A. Darley
(Address) 1800 W. Fayette St.

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-7, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-7, 1935 to ... 1935

I last saw him alive on 7-7, 1935 Death is said to have occurred on the date stated above, at 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Maternal pyelonephritis	12/34
Prematurity (7 mos)	

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? clinical data Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Emil Novak, M. D.

(Address) 262 E. Preston St.

1935

F 14223

14223

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N. Calvert St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 69 yrs. 4 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Taylor Albert

(a) Residence: No. 1028 N. Calvert St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary E. S. B. Albert

DATE OF BIRTH (month, day, year) March 7 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	4		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Civil Eng. pl.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Retired
11. Total time (years) spent in this occupation full

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Joseph Taylor Albert
14. BIRTHPLACE (city or town) (State or country) Baltimore

15. MAIDEN NAME Dora Mayer
16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Francis Taylor Albert
(Address) 1028 N. Calvert St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Date July 9, 1935

19. UNDERTAKER Henry W. Eukens Sons
(Address) McCulloh & Orchard sts

20. FILED - 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10 - 1935, to July 8 1935

I last saw him alive on June 30 - 1935 Death is said to have occurred on the date stated above, at 1. A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Larynx - over a year duration	

Other contributory causes of importance:

Arteriosclerosis - Chronic Myocarditis.

Name of operation None - Date of

What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Chas. W. Lamond M. D.

(Address) 1327 Park Ave

over

M. D. B. 1268-9

F 14224

14224

HEALTH DEPARTMENT—CITY OF BALTIMORE

145-a-149B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Baltimore City Hospitals (Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Kate Yaeger

(a) Residence: No. 2007 Wilkens Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Paul Yaeger

6. DATE OF BIRTH (month, day, year) 7-3-1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	39 yrs 7 days	8 mos	0	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME George E Schwallenberg

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

15. MAIDEN NAME Mary Kiser

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Husband

(Address) 2007 Wilkens Ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date 7/9 1935

19. UNDERTAKER Harry F Kutzler

(Address) 4101 Annandale Ave

Filed July 10 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 5 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to July 5 1935

I last saw h[illegible] alive on July 5 1935 Death is said to have occurred on the date stated above, at 10:[illegible] m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Puerperal infection Septicemia	(over)

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Virginia Herbert M. D.

(Address) Balto City Hospitals

H. D. B. 1268-9

F 14225

4225

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Womens Hospital St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Theresa Mettee

(a) Residence: No. 1426 John St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

DATE OF BIRTH (month, day, year) June 7, 1849

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86		29	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Leonard C Mettee

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

15. MAIDEN NAME Margaret Ely

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Henry C. DeVall
(Address) 1506 John St.

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date July 9, 1935

19. UNDERTAKER J Vernon Keelty
(Address) 2301 Edmondson Ave.

20. FILED 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4th, 1935, to July 6th, 1935
I last saw h[illegible] alive on July 6th, 1935. Death is said to have occurred on the date stated above, at 7:00 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4 hrs.

Other contributory causes of importance:
Arteriosclerosis
Hypertension

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of Injury ..., 19...
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place —
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) Glenn Wilson Zeiders, M. D.
(Address) Womens Hospital
Baltimore, Md.

M. D. B 1268-9

F 14226

HEALTH DEPARTMENT—CITY OF BALTIMORE

14226

CERTIFICATE OF DEATH

207-9

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Bay View Yards Penn. R.R. St., 76 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 1 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Robert W. Testerman

(a) Residence: No. 708 Eye St. S.E. Washington DC St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feb 1 1920

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	15	5	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student at N.G.T. Reform School

10. Date deceased last worked at this occupation (month and year) July 35

11. Total time (years) spent in this occupation X

BIRTHPLACE (city or town) (State or country) Virginia

13. NAME M. C. Testerman

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Beatie Ashley

16. BIRTHPLACE (city or town) (State or country) N. Carolina

INFORMANT M. C. Testerman

(Address) 708 Eye St. S.E. Washington D.C.

BURIAL, CREMATION, OR REMOVAL

Place Washington DC Date July 8 1935

UNDERTAKER W. W. Chambers

(Address) 5?? 11 St S.E. Washington DC.

FILED 1935 Huntington Wilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical shock	
Other contributory causes of importance:	
Crushed skull - fractures	
Left Femur, tibia + Fibula	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 7 1935

Where did injury occur Bay View Yards P.R.R. Baltimore
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public place Caught by shifting type

How injury occurred Jumping while riding unlocked in Freight Car

Nature of injury Crushed skull + fracture left leg.

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) H. H. Wright Coroner M. D.

(Address) 1000 S. Ellwood Ave

Spec.—2-23-28—L. P. S.—500 Blks.

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14227

14227

CERTIFICATE OF DEATH

46-C

REGISTERED NO.

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 510 Chestnut Hill Ave ST., 9 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2—FULL NAME Jacob Riess

(a) RESIDENCE NO. 510 Chestnut Hill Ave ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred about 47 yrs. mos. ds. How long in U. S., if foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (~~wife of~~) - Anna M Riess

DATE OF BIRTH (month, day, and year) July 10 1859

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76			

OCCUPATION OF DECEASED

(a) Trade, professinn or particular kind of work Retired Restaurant Owner.

(b) General nature of industry, business, or establishment in which employed (or employer) Self

(c) Name of employer ------

BIRTHPLACE (city or town) ?
(State or country) Germany

10 NAME OF FATHER Michael Riess

11 BIRTHPLACE OF FATHER (city or town) ?
(State or country) Germany

12 MAIDEN NAME OF MOTHER M. Baurenschmidt

13 BIRTHPLACE OF MOTHER (city nr town)
(State or country) Germany

Informant Fred Riess
(Address) 510 Chestnut Hill Ave

Filed 1935 Huntington Williams, M.D. Milton Schilling

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 6-1935

17 I HEREBY CERTIFY, That I attended deceased from May 24, 1935, to July 6, 1935,

that I last saw h~~e~~ alive on July 6, 1935

and that death occurred, on the date stated above, at 5.20 P. m.

The CAUSE OF DEATH* was as follows:

Carcinoma of Cecum.

(duration) 1 yrs. 2 mos. ds.

CONTRIBUTORY (Secondary)

(duratinn) yrs. mos. ds.

18 Where was disease contracted if nnt at place nf death? —

Did an operation precede death? Yes Date of July 30 1934

Was there an autopsy? No

What test confirmed diagnosis? Clinical Operation

(Signed) John S Finley, M. D.

7/8, 1935 (Address) 3522 Greenmount Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL	DATE OF BURIAL
Louden Park Cemetery	July 9-35
20 UNDERTAKER	ADDRESS
Milton Schilling	1122 E, Monument St

A&Co. 5-31 250B

HEALTH DEPARTMENT—CITY OF BALTIMORE

4228 B-4228

CERTIFICATE OF DEATH

45-F

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1919 Oak Hill Ave St., 9 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John Ward Parks

(a) Residence: No. 1919 Oak Hill Ave St. ..... Ward. .....
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

7. DATE OF BIRTH (month, day, year) May 23/1872

AGE	Years	Months	Days	If LESS than 1 day hrs or min.
	62	1	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Grocer's Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME William James Ward

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Martha Virginia Ward

16. BIRTHPLACE (city or town) (State or country) Bel Air, Md.

17. INFORMANT May M. Parks

(Address) 1919 Oak Hill, Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Date July 19 1935

19. UNDERTAKER Mitton Schilling

(Address) 1122 E. Monument St

20. FILED 1935 Huntington Fitzgerald, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7/35, 19

22. I HEREBY CERTIFY, That I attended deceased from May, 34 to July 7/35, 19

I last saw him alive on June 29/35 19 death is said to have occurred on the date stated above, at 6.50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	
Carcinoma Pharynx (rt side) with metastasses to lymph nodes	2 yrs 9 mons

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? specimen exam Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [illegible] M. D.

(Address) 108 E Fayette

H. D. B. 1268-9

✓ F 14229

1229

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

94-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 719 Portland St. 22 ✓ Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. 8 mos. 12 ds. How long in U. S. If of foreign birth? 72 yrs. 8 mos. 12 ds.

2. FULL NAME John Henry Lost — No War Service

(a) Residence: No. 719 Portland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louisa Euler Lost

7. DATE OF BIRTH (month, day, year): Oct 25-1862

8. AGE: Years 72 | Months 8 | Days 12 | If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clothing Cutter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Krahl Tailor Co

10. Date deceased last worked at this occupation (month and year): about 1928

11. Total time (years) spent in this occupation: 55 yrs

12. BIRTHPLACE (city or town) (State or country): Balto Maryland

13. NAME Henry Lost

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME Catherine

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT Mrs Louisa (Lost) (Wife)

(Address) 719 Portland St

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Cemy Date July 10 1935

19. UNDERTAKER Jos Jourdan Son

(Address) Dr. Jourdan 2 Wells

20. FILED 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to July 7, 1935

I last saw h. in alive on July 7 1935 Death is said to have occurred on the date stated above, at 4 30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1933
Myocarditis	1934
Angina Pectoris	6/30/35
0	now

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19....

Where did injury occur? —

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No ....If so, specify

(Signed) Jas E. Cates M. D.

(Address) 573 Scott St

(Struzykowski) 14230

H. D. B. 1268-9

4230

HEALTH DEPARTMENT—CITY OF BALTIMORE

14230

CERTIFICATE OF DEATH

Registered No. 172-B

1. PLACE OF DEATH Sanitarium Baltimore General Hospital

CITY OF BALTIMORE (No. 1213 Light St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city (or town) where death occurred 6 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Matilda Struzykowski

(a) Residence: No. 1213 E. Pratt St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) March 17 1929

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	3	20	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Struzykowski

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Anna Janowska

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT John Struzykowski

(Address) 1915 E Pratt St

18. BURIAL, CREMATION, OR REMOVAL

Place Harmony Cem Date July 9, 1935

19. UNDERTAKER John A Wilkes

(Address) 401 N Charles St

20. FILED 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

22. DATE OF DEATH (month, day, year) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1935 to July 6, 1935

I last saw her alive on July 6 1935 Death is said to have occurred on the date stated above, at 5:50 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intussusception	
Peritonitis	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James L. Wolf M. D.

(Address) 1213 Light St

F 14231

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14231

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospitals (7B. Div.) Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. ..... St., 8 Ward)

Length of residence in city or town where death occurred 14 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Edwin Stewart

(a) Residence: No. 2818 Chase St., ... Ward. Annapolis Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year) May 3, 1893

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
42	2	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tourney man
10. Date deceased last worked at this occupation (month and year) 1935 | 11. Total time (years) spent in this occupation 1 Year

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME George Stewart

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Sally Brown

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date 7/9 1935

19. UNDERTAKER Williams Bros Co.
(Address) 1217 St Paul Street

20. FILED 9 - 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1935, to July 7, 1935
I last saw him alive on July 7, 1935. Death is said to have occurred on the date stated above, at 10:5 P m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset June 1934

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify .....

(Signed) Arthur Kaufman M. D.
(Address) Balto. City Hospitals.

F 14232 F 14232

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 4 yrs. 5 mos. 5 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Joan May Kaufman

(a) Residence: No. 917 Montpelier St. St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) Feb 2 1931

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	4	5	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Carl E. Kaufman

14. BIRTHPLACE (city or town) (State or country) Owings Mills Md.

15. MAIDEN NAME Eva C. Mitzel

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT George W. French

(Address) Lord Baltimore Hotel

18. BURIAL, CREMATION, OR REMOVAL

Place Moreland Park Date July 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St. Paul St.

19. I. D. L9 - 1935 Huntington Williams

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1935, to July 7, 1935

I last saw h[illegible] alive on July 7, 1935 Death is said to have occurred on the date stated above, at 6:20 P.m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia left

Date of onset 6-7-35

Other contributory causes of importance:

None

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? X-ray Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Murray M. Copeland M. D.

(Address) Union Memorial Hosp.

F 14233

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14233

CERTIFICATE OF DEATH

50

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 429 E. North Ave. St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mirtie R. Mc Ging

(a) Residence: No. 429 E. North Ave., St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
emale	white	widow

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Philip A. Mc Ging

DATE OF BIRTH (month, day, year) May 16, 1879

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
56	1	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Proof reader

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baltimore News

10. Date deceased last worked at this occupation (month and year) 0085

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Philadelphia Pennsylvania

13. NAME Alexander W. Morris

14. BIRTHPLACE (city or town) (State or country) Pennsylvania

15. MAIDEN NAME Elizabeth Roberts

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT Miss Margaret McGing

(Address) 429 E. North Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge Date July 9, 1935

19. UNDERTAKER E. Leroy Stiffler, Inc.

(Address) 125 E. North Ave.

FILED 9-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7— 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1— 1933 to July 7— 1935

I last saw h.r alive on July 3— 1935 Death is said to have occurred on the date stated above, at 12.45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma left breast	1933
Metastases in spine liver	
and Bladder	

Other contributory causes of importance: None known

Was an operation performed? yes Date of Oct 1933.

For what disease or injury? Carcinoma breast

Name of operation Amp & Gland Date of

What test confirmed diagnosis Autopsy? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Chas J Keller M. D.

(Address) 222 W. Monument St.

Z. D. B 1268-9

F 14234

HEALTH DEPARTMENT—CITY OF BALTIMORE

14234

CERTIFICATE OF DEATH

✓ 94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore Md

CITY OF BALTIMORE: (No. 1048 W. Fayette St., 18 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas. Bland

(a) Residence: No. 1048 W. Fayette St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Col	Single

6. If married, widowed, or divorced — HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year)

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
48	3	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Petersburg Va

13. NAME John Bland.

14. BIRTHPLACE (city or town) (State or country) Petersburg Va

15. MAIDEN NAME Annie Scott.

16. BIRTHPLACE (city or town) (State or country) Petersburg

17. INFORMANT Maggie Scott

(Address) 947 W. Fayette street

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Zion Date July 10, 1935

19. UNDERTAKER Joseph A. Linthicum

(Address) 719 Riley, Mount Holly

FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-6-1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Coronary Thrombus	7-6-35.
Other contributory causes of importance:	
No history of other illness	

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Thos. J. Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave

F 14235

F B 14235

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 48

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 12 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elsie E. Hoffmaster

(a) Residence: No. 406 W. 29 St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Widowed

If married, widowed, or divorced: HUSBAND of (or) WIFE of Chas. F. Hoffmaster

DATE OF BIRTH (month, day, year) Sept. 17, 1889

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45		21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. H.W.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Md.

13. NAME Edward Wiles

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Kate Gorden

16. BIRTHPLACE (city or town) (State or country) Md.

INFORMANT Wm Hoffmaster

(Address) 2686 Hampden Ave

BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 10. 1935

UNDERTAKER Clemans & Son

(Address) 368 Lexington

FILED JUL 3 - 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6:30 a.m.

The principal cause of death and related causes of importance were as follows: — Date of onset

Carcinoma of Uterus

Broncho Pneumonia

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. R. Clemans M. D.

(Address) 3757 W. North Ave

F 14236

14236

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Baltimore City Hospitals (Tb. Div) Registered No. 23

CITY OF BALTIMORE: (No. ..... St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Queen If U. S. Veteran specify WAR .....

(a) Residence: No. 706 W. Franklin St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Basil [redacted]een

DATE OF BIRTH (month, day, year) May 11, 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
30	1	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife 0037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

13. NAME Josiah Pack

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Emma Washington

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Calvary Cem Date 7/11/, 1935

19. UNDERTAKER Frances A. Hemsley
(Address) 578 W. Biddle St.

20. FILED , 19 Huntington Williams, M.D.
Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 5, 1935 to July 6, 1935

I last saw her alive on July 6, 1935. Death is said to have occurred on the date stated above, at 10 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1934.

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hospitals.

F 14237

F 14237 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 46-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 4118 Reisterstown Rd | 5 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Moses Ford
(a) Residence: No. 4118 Reisterstown Rd., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sadye Ford

6. DATE OF BIRTH (month, day, year) Dec 20 1889

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	6	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hardware merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md

13. NAME Harris Ford.
14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME Jennie Davis
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Harris Ford.
(Address) 2814 Hilldale ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Hebrew Cmt Date July 9 1935

19. UNDERTAKER Sol Levinson & Bro
(Address) 1217 E Baltimore St

1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to July 8 1935
I last saw him alive on July 8 1935. Death is said to have occurred on the date stated above, at 4 32 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Intestines	?

Other contributory causes of importance: None.

Was an operation performed? Yes Date of June 23 (1933)
For what disease or injury? Carcinoma of intestines
Name of operation Resection of Carcinoma Date of June 23 33
What test confirmed diagnosis? Pathologist Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19—
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Milton H. Cumins M. D.
(Address) 2310 Eutaw Place

F 14238

F 14238 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 71-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2621 Quantico ave 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Israel Miller

(a) Residence 2621 Quantico ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

6. If married, widowed, or divorced HUSBAND of Yetta

DATE OF BIRTH (month, day, year) 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	58	—	-	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME Isidore Miller

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Sarah Siegel

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Louis Levin

(Address) 2807 Quantico ave

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodelph Date July 9, 1935

19. UNDERTAKER Sol Kramer Bros

(Address) 1172 E. Baltimore St. Huntington Avenue, N.Y.

19. FILED ..... 19 ..... Registrar.

- 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to June 8, 1935

I last saw him alive on June 8, 1935 Death is said to have occurred on the date stated above, at 10 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Paralysis Agitans	1928
Pernicious Anemia	1929
Other contributory causes of importance: Broncho-pneumonia	6-4-35

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Jacob Cohen, M. D.

(Address) 2235 Broadway

F 14239

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14239

CERTIFICATE OF DEATH

✓ 46-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospital St., 23 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John T. McGee

(a) Residence: No. 1716 Light St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	SINGLE

6. If married, widowed, or divorced
~~HUSBAND of~~
(or) WIFE of

DATE OF BIRTH (month, day, year) Mar. 13-1876

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	3	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME John McGee

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Bridgid McCaul

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Washburn

(Address) 1713 Light St.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem. Date July 10 1935

19. UNDERTAKER Fred. G. Krauss & Son

(Address) 1618 Orleans St

20. FILED JUL 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1935 to 7-8 1935

I last saw him alive on 7-7 1935 Death is said to have occurred on the date stated above, at 12 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid Colon	?
Intestinal obstruction.	1 wk

Other contributory causes of importance:

Name of operation Caecostomy Date of 7-6-35

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robt. J. Martin M. D.

(Address) Baltimore City, Md.

H. D. B. 1268-9

F 14240

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14240

CERTIFICATE OF DEATH

V 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1010 N. Bond St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Thompson.

(a) Residence: No. 1010 N. Bald. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Clarence Thompson

7. DATE OF BIRTH (month, day, year) 1888

8. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	47			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Wilson

14. BIRTHPLACE (city or town) (State or country) Va.

15. MAIDEN NAME Rosa Wilson

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mary Lubman.

(Address) 1010 N. Bond.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvery Cem Date 7-9-1935

19. UNDERTAKER Byers & Francis Jr. Wright

(Address) 2118 McCulloh St

FILED 9-1935, 19 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1934 to July 7, 1935.

I last saw h alive on July 7, 1935. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(1) Chr. Myocarditis	Dec 14 '34
(2) Cerebral accident	over
Other contributory causes of importance:	
Intestinal nephritis	July 7 '35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin P. Conkle, M. D.

(Address) 113 N. Carlton St

F 14241

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14241

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hosp (Ward) H 8

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR World War

2. FULL NAME George Dennis

(a) Residence: No. 422 Carrollton Ave Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	Separated

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Maud Dennis

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	49	?	?	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 104

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) ? Virginia

13. NAME Harrison Dennis

14. BIRTHPLACE (city or town) (State or country) ? Va.

15. MAIDEN NAME Sophia ?

16. BIRTHPLACE (city or town) (State or country) ? Va.

17. INFORMANT Balto City Hospt (Address) Records

18. BURIAL, CREMATION, OR REMOVAL Place National Cem Date 7/10, 1935

19. UNDERTAKER Thomas E. Kelson (Address) 303 ~~Pennsylvania Ave~~ Huntington Milwaukee, N. Y.

Filed 1935, 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1935 to 7-5, 1935

I last saw him alive on 7-5, 1935 Death is said to have occurred on the date stated above, at 5 28 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Hepatic Flexure of Colon	18 mos.
Other contributory causes of importance Rheumatic Heart Disease	?

Was an operation performed? Yes Date of Jan 1935

For what disease or injury? Carcinoma of Colon

Name of operation Intestinal Resection Date of Jan 1935

What test confirmed diagnosis? Operation Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.

(Address) Balto City Hospt

M. D. B 1268-9

F 14242

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14242

CERTIFICATE OF DEATH

✓ 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital St. 14 Ward)

Length of residence in city or town where death occurred 35 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary L Parker

(a) Residence: No. 544 Barker St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
f	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Parker

6. DATE OF BIRTH (month, day, year) Mar 18-85

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
50	3	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marlenburg West Va

FATHER

13. NAME Joe Parker

14. BIRTHPLACE (city or town) (State or country) Va

MOTHER

15. MAIDEN NAME unk

16. BIRTHPLACE (city or town) (State or country) unk

17. INFORMANT John Parker
(Address) 544 Barker St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date July 19 35

19. UNDERTAKER Thos. E. Kelson
(Address) 1303 Pennsylvania Ave.

Huntington West Va

FILED 9-1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry thereon and from the evidence obtained by said inquiry (Inquest, autopsy or inquiry) find that said deceased came to her death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Syphilis	July 1 1935

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury?

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Geo L. Allen M. D.
Coroner

(Address) 307 Jamison Bldg

F 14243

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14243

93-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3911 Kennison Ave. St., 28 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry Clay Wall

(a) Residence: No. 3911 Kennison Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced
HUSBAND of (or) WIFE of Laura Frances Wall

7. DATE OF BIRTH (month, day, year) Nov. 4th 1874

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
60	8	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk B. & O. R.R.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R.

10. Date deceased last worked at this occupation (month and year) July 1935

11. Total time (years) spent in this occupation 17

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

13. NAME Olin I. Wall

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

15. MAIDEN NAME Sophia L. Cross

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Mrs. Laura Carr

(Address) 3911 Kennison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Woodlawn Date July 9 1935

19. UNDERTAKER Wm J. Tickner & Son

(Address) North & Penna Ave

20. FILED JUL 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 35 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:20 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
Other contributory causes of importance: Coronary thrombosis from history	

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury ....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) C. Kaye, M. D.
Coroner

(Address) 1234 Fanwell

F 14244

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14244

CERTIFICATE OF DEATH

✓ 157-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. John Hopkins Hospital St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Edelen

(a) Residence: No. ... St., ... Ward. Glenburnie, Md.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	—

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 16/1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	11	23	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Bath Md

13. NAME Walter Edelen

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Frances C. White

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Walter Edelen
(Address) Glenburnie Md

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Olivet Date 7/10/35

19. UNDERTAKER Thomas W. Pendleton
(Address) Southeast Heights

20. FILED ... 19 ... Registrar.

JUL 9 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19 ..., to ... 19 ...

I last saw h... alive on ... 19 ... Death is said to have occurred on the date stated above, at 5:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital Heart Disease	
Other contributory causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ...

(Signed) Paul Schenken, M. D. Coroner

(Address) 1919 E. North Ave

M. D. B. 4-32

F 14245

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14245

CERTIFICATE OF DEATH

122-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 819 W. Lexington St. 18 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lank Yelordy

(a) Residence: No. 819 W. Lexington St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~wife of~~ Eva May Yelordy

6. DATE OF BIRTH (month, day, year) 6.8.97

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	0	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer for

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto Tube Co

10. Date deceased last worked at this occupation (month and year) 7.5.35

11. Total time (years) spent in this occupation 11

12. BIRTHPLACE (city or town) (State or country) Rosemary N. C.

FATHER

13. NAME Mose Yelordy

14. BIRTHPLACE (city or town) (State or country) N C

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) N. C.

17. INFORMANT Eva May Yelordy

(Address) 819 W. Lexington St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/9/35 19

19. UNDERTAKER Chas G. Corbin.

(Address) 514 N. Calhoun St.

20. FILED 7-9-1935 Huntington Williams Registrar

Kept

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.6.35. 19

22. I HEREBY CERTIFY, That I attended deceased from May 25 1935 to July 6 1935.

I last saw him alive on July 5 1935. Death is said to have occurred on the date stated above at 5:15 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal Abstruction	7.4.35
constipation	5.25.35

Other contributory causes of importance

Name of operation Date of

What test confirmed diagnosis? Phy. Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of Injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James M. Pair M. D.

(Address) 865 W. Lexington St.

M. D. B. 1268-9

✓ F 14246

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

F 14246

CERTIFICATE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 239 Albemarle St., 3 Ward) 24

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Domenico Cipolloni

(a) Residence: No. 239 Albemarle St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Matilde Cipolloni

7. DATE OF BIRTH (month, day, year) January 23 1884

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	5	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balt. Ohio 0086

10. Date deceased last worked at this occupation (month, year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

13. NAME OF FATHER Filippo Cipolloni

14. BIRTHPLACE (city or town) (State or country) Italy

15. MAIDEN NAME OF MOTHER Giovanna Dragone

16. BIRTHPLACE (city or town) (State or country) Italy

17. INFORMANT Matilde Cipolloni (Address) 239 Albemarle

18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer Date July 10 35

19. UNDERTAKER Frank Della Mora (Address) 52 N. Motley St.

FILED 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY That I attended deceased from June 1, 1935 to July 7, 1935

I last saw him alive on July 4, 1935 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	Jan'y. 1935

Other contributory causes of importance

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Eugene L. Pessagno, M. D.

(Address) 514 Drury Lane

F 14247

F 14247

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 23

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME John Johnson

(a) Residence: No. 1613 Division st. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Lucy Johnson

DATE OF BIRTH (month, day, year) April 9, 1903

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	32	3	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown 0070

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Irving Johnson

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Dora Hopkins

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Hampton Va Date July 9th 1935

19. UNDERTAKER Archibald L. Faulkis
(Address) 2111 E. Broadway Huntington Williamson, W. Va.

FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from January 9 1935 to July 8 1935

I last saw him alive on July 8 1935 Death is said to have occurred on the date stated above, at 3:15 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1929
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) Arthur Kaufman, M. D.

(Address) Baltimore City Hospital

D. B 1268-0

14248

HEALTH DEPARTMENT—CITY OF BALTIMORE

14248

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH Found on sidewalk at cold spring lane and Woodlawn Rds. 24 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No.

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Rosa Fitzgerald

(a) Residence: No. 15-21 Franklin St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Married

If married, widowed, or divorced WIFE of Edward Fitzgerald

DATE OF BIRTH (month, day, year) 1904

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	31			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

10. Date deceased last worked at this occupation (month and year) ?

11. Total time (years) spent in this occupation ?

BIRTHPLACE (city or town) (State or country) Blackstone Va

13. NAME Bill Langley Va

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Georgiana Crawley

16. BIRTHPLACE (city or town) (State or country) Va

INFORMANT Geo Langley

(Address) 1116 N Lafayette ave

BURIAL, CREMATION, OR REMOVAL

Place Richmond Va Date July 24, 1935

UNDERTAKER Undertaking Co

(Address) 2101 Mc Culloch St.

Huntington Williamson W Va

FILED JUL 24 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 . to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	—

Other contributory causes of importance:

—

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. H. Nicholson M. D.
Coroner

(Address) Lawson

✓ F 14249

14249 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

× 95-B

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Md. Gen. Hospital St., 11 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 42 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mr. James Carroll
If U. S. Veteran specify WAR .....
(a) Residence: No. Bond St St., Bel Air, Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (~~or WIFE of~~) Emma J Carroll

DATE OF BIRTH (month, day, year) March 30, 1850

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
85	3	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Co.
13. NAME James Carroll
14. BIRTHPLACE (city or town) (State or country) Ireland
15. MAIDEN NAME Bridget Hayes
16. BIRTHPLACE (city or town) (State or country) Ireland
17. INFORMANT Mrs Jane N Carroll
(Address) Bel Air Md
18. BURIAL, CREMATION, OR REMOVAL
Place Long Green Date July 11 1935
19. UNDERTAKER Degr & Fahrney
(Address) Bel Air Md

JUL 9 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from June 4th, 1935, to July 9th, 1935
I last saw him alive on July 9th, 1935. Death is said to have occurred on the date stated above, at 8:40 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio - sclerotic Cardio - Vascular disease - acute pulmonary edema	

Other contributory causes of importance:

Was an operation performed? No Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John W Barnaby M. D.
(Address) Maryland General Hosp

F 14250

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14250

CERTIFICATE OF DEATH

Registered No. 16

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hospt. St., 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 6th mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wm. H. Smith
If U. S. Veteran specify WAR. WW Service

(a) Residence: No. 808 W. Malbone St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) 4-4-1911

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	4	3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Baltimore Md
13. NAME Elijah Smith
14. BIRTHPLACE (city or town) (State or country) ? Md
15. MAIDEN NAME Rachel Foster
16. BIRTHPLACE (city or town) (State or country) ? Md
17. INFORMANT Balto City Hospt Records
(Address)
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 9, 1935
19. UNDERTAKER Mrs Katie R Williams
(Address) 322 S Huntington Ave Baltimore, Md
Registrar

L 9 - 135

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-4-1935

22. I HEREBY CERTIFY, That I attended deceased from 11-8-1935 to 7-4-1935
I last saw him alive on 7-3-1935 Death is said to have occurred on the date stated above, at 3 10/a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Non Syphilitic Stricture of Rectum	8 yrs
Other contributory causes of importance: Poor Abscess left Axilla	
Pelvic Peritonitis	3 days

Was an operation performed? yes Date of 6-24-35
For what disease or injury? Stricture of Rectum
Name of operation Colostomy Date of 6-29-35
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Robt F. Martin M. D.
(Address) Balto City Hospt

✓ F 14251

4251 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

34-9-114-13

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp. St., 16 Ward)
Length of residence in city or town where death occurred 57 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Florence Dorsey.
If U. S. Veteran specify WAR .....

(a) Residence: No. 5327 Stricker St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Widowed.

a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles.

6. DATE OF BIRTH (month, day, year) Apr. 24?

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58.	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Snow Hill, Md
(State or country)

13. NAME John Richardson
14. BIRTHPLACE (city or town) Md.
(State or country)

15. MAIDEN NAME Priscilla Franklin
16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 9. 1935

19. UNDERTAKER [illegible]
(Address)

7-9-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/3 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/7 . 1935 to 7/3 . 1935
I last saw her alive on 7/3 . 1935. Death is said to have occurred on the date stated above, at 8 a. m.

The principal cause of death and related causes of importance were as follows:
Abscess of lung — Date of onset 1 mo

Other contributory causes of importance: ovv

Was an operation performed? ..... Date of .....
For what disease or injury? .....
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 ..
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) Robert A Reitz M. D.
(Address) Balto City Hosp.

D. P. 1268-9

F 14252

14252

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 70 Ward)

Length of residence in city or town where death occurred 52 yrs. 2 mos. 8 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Marcelean McDermott

(a) Residence: No. 409 Millington Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	white	widow

If married, widowed, or divorced: HUSBAND of (or) WIFE of the late John J. McDermott

DATE OF BIRTH (month, day, year) Apr 30, 1883

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
52	2	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: house work 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John H. Myers

14. BIRTHPLACE (city or town) (State or country) Maryland.

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland.

INFORMANT William J. Mc Dermott

(Address) 409 Millington Ave.

BURIAL, CREMATION, OR REMOVAL

Place St. Peters Cem. Date 7/ II /. 1935

UNDERTAKER John J. Cowan & Son

(Address) 901 Hollins Street

FILED ... 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7 / 8 / . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...

I last saw h... alive on ..... 19... Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

Uremia followed by coma. — Date of onset May 2 1935

Had no treatment except at hospital the last day of illness

Other contributory causes of importance:

Nephritis (chronic) six months. (Never sick in bed.)

Name of operation ..... Date of .....

What test confirmed diagnosis? Uremia Was there an autopsy? No,

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No, If so, specify .....

(Signed) Thos H Phillips, M. D. Coroner

(Address) 1939 Edmondson Ave.

M. D. B. 1268-9

4253 F 14253

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1635 E. Monument St. 1st Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Jeremy Hill

(a) Residence: No. 1635 E Monument St., Ward.
(Usual place of abode) (if non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

6a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mack Hill

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	6		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Texas

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Texas

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Texas

17. INFORMANT Lulla Sherrils
(Address) 1635 E Monument

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 9, 1935

19. UNDERTAKER Pratt & Williams
(Address) 1515 Madison Ave

20. 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 16 1935, to July 7, 1935

last saw h[illegible] alive on July 6, 1935. Death is said to have occurred on the date stated above, at 3 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
duration 3 mo.	
Other contributory causes of importance:	
Cardiac Dropsy	
3 mo.	

Name of operation ✓ Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) J. Edward Fisher M. D.
(Address) 1612 E Monument

H. D. B. 1268-9

F 14254

14254 HEALTH DEPARTMENT—CITY OF BALTIMORE

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH Good Shepherd Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 17 Ward)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Martin C. Butler

(a) Residence: No. 1315 Shields St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Separated

If married, widowed, or divorced WIFE of HUSBAND of Edith Butler

DATE OF BIRTH (month, day, year) Dec. 26, 1870

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	6	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1086

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Benjamin Butler

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME Susan Butler

16. BIRTHPLACE (city or town) (State or country) St. Marys Co. Md

17. INFORMANT Edith Butler

(Address) 1315 Shields Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Calvary Date 7-10 1935

19. UNDERTAKER William A. Jackson

(Address) 916 Pennsylvania Ave

20. FILED 1935 Washington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to July 7 1935

Last saw him alive on July 7 1935 Death is said to have occurred on the date stated above, at 12:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	about 1 mo.
Hypertensive cardio vascular disease	6 yrs

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) H. C. Marshall M. D.

(Address) 1535 Druid Hill Ave

M. D. B. 1268-9

F 14255

4255

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

119

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 8 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Fox

(a) Residence: No. 2212 E Hermemona St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb. 6/35 -

7. AGE: Years | Months: 4 | Days: 24 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md -

13. NAME Benjamin Fox

14. BIRTHPLACE (city or town) (State or country) Md -

15. MAIDEN NAME Edna Lemly

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Records -

18. BURIAL, CREMATION, OR REMOVAL

Place W. Mem. Church Date July 9, 1935

19. UNDERTAKER (Address)

20. Filed July 10, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1935 to June 30, 1935

I last saw him alive on June 30, 1935 Death is said to have occurred on the date stated above, at 11 55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Enteritis	4/13/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. Campbell Gaughen, M. D.

(Address) Johns Hopkins Hosp.

M. D. P. 1268-9

F 14256

14256 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Papagello

(a) Residence: No. 141 N. Front St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 24, 1935

7. AGE: Years | Months | Days: 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME Joseph Papagello

14. BIRTHPLACE (City or town) (State or country) Italy

15. MAIDEN NAME Annie Mode

16. BIRTHPLACE (city or town) (State or country) Pennsylvania

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med. School Date July 9th, 1935

19. UNDERTAKER (Address)

20. FILED July 10 1935 Huntington Williams, Registrar.

1545 N.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 24th, 1935, to July 14th, 1935

I last saw her alive on July 14th, 1935 Death is said to have occurred on the date stated above, at 1 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	6/24/35

Other contributory causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) John M. Shence, Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. B. 1268-9

1268

D257

✓ F 14257

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 59

1. PLACE OF DEATH

Registered No.

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St. 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Albert Gary

(a) Residence: No. Centerville Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. Color or Race: black

5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Carrie

6. DATE OF BIRTH (month, day, year): 1895

7. AGE: Years 40 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): S. C.

13. NAME OF FATHER: Brice

14. BIRTHPLACE (city or town) (State or country): S. C.

15. MAIDEN NAME OF MOTHER: Adeline Cayler

16. BIRTHPLACE (city or town) (State or country): S. C.

17. INFORMANT: Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Med School Date July 9 1935

19. UNDERTAKER

(Address) Huntington Williams, N.Y.

20. FILED 7-9-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 3. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3. 1935 to July 3. 1935

I last saw him alive on July 3. 1935 Death is said to have occurred on the date stated above, at 5 P. M.

The principal cause of death and related causes of importance were as follows:

Acute Ventricular dilatation

Cardiac failure

Date of onset

Other contributory causes of importance:

Diabetes

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. L. Brigg M. D.

(Address) Johns Hopkins Hosp.

F 14258

M. D. B. 1918-9

F 14258

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Good Shepherd Hospital Ward)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME James R Smith U. S. Veteran (yes or no) WAR no

(a) Residence: No. 713 N Fremont St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed or Divorced (write the word)
M	C	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Pinkie Smith

6. DATE OF BIRTH (month, day, year) 12-15-1851

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	83	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Essex Co Va

FATHER

13. NAME unk

14. BIRTHPLACE (city or town) (State or country) unk

MOTHER

15. MAIDEN NAME Jennie Smith

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Michael Smith (Address) 713 N Fremont St

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Date Jan 11 1935

19. UNDERTAKER Edw J Wilson (Address) 1021 Brantley Ave

20. FILED JAN 10 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) January 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquiry (Inquest, Autopsy or Inquiry) and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio Renal Vascular Disease	
Other contributory causes of importance	

Was an operation performed? none Date of

For what disease or injury?

Name of operation Thyroid Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. C. Calcutt, M. D. Coroner

(Address) 501 Courtenay

F 14259

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14259

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1210 S. Highland Ave St. 7th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR ... No ...

2. FULL NAME Helena Gegner

(a) Residence: No. 1210 S. Highland Ave St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced HUSBAND of (or) WIFE of William Gegner

DATE OF BIRTH (month, day, year) Oct. 5-1864

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md

13. NAME Henry Zimmerman

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Margaret Klein

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Wilbert E. Thament

(Address) 1210 S. Highland Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date July 12 1935

19. UNDERTAKER George W. Zinkan

(Address) 1737 E. Eager St.

20. FILED JUL 10 1935 — [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY That I attended deceased from Ja. 1935 to July 9 1935.

I last saw h[illegible] alive on July 8 1935. Death is said to have occurred on the date stated above, at 5-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cardiovascular	Chronic

Other contributory causes of importance: ...

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Observation Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in industry, in home or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? ...

If so, specify ...

(Signed) Kenneth B. Tilson, M. D.

(Address) 318 S. Highland Ave

F 14260

F 14260

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3104 Harrison ave St., 27 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR No.

2. FULL NAME Catherine Eberwein

(a) Residence: No. 3104 Harrison ave St., ... Ward .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Wm. F. Eberwein

7. DATE OF BIRTH (month, day, year) Sept. 14. 1848

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	86	9	6 24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Martin D. Hinkle

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Not known

16. BIRTHPLACE (city or town) (State or country) not known

17. INFORMANT Henry Eberwein

(Address) 3104 Harrison ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem Date July 11. 1935

19. UNDERTAKER George W. Zickler

(Address) 1707 E. Eager St

FILED 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 8 1935

I last saw her alive on July 8 1935 Death is said to have occurred on the date stated above at 4:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial nephritis	
Other contributory causes of importance: Bronchio-Pneumonia.	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. A. Colby M.D.

(Address) 5703 Harford Rd

M. D. F 1261

F 14261

F 14261

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 165

1. PLACE OF DEATH Balto. City Jail

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Joseph J. Schorr

(a) Residence: No. 3207 Donnell St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary C. Schorr

DATE OF BIRTH (month, day, year) Apr. 11, 1877

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	58	2	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired B.C.S. & R. Co.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (city or town) (State or country) Unknown

13. NAME OF FATHER John Schorr

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME OF MOTHER Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Joseph Moore

(Address) 604 S. Curley St

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Cem. Date July 11, 1935

19. UNDERTAKER George W. Zickler

(Address) 1737 E. Eager St.

FILED July 15, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulation	7/9/35

Other contributory causes of importance: Mentally Unbalanced

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19...

Where did injury occur? Balto. City Jail (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury Hung himself to bars of cell by means of his shirt

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, state .....

(Signed) Wm. B. Wallace M.D.

(Address) 1031 St. Paul St.

F 14262

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14262 ✓ 82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred 57 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR none

2. FULL NAME Henry Koester

(a) Residence: No. none St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White.	Widowed.

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Mary Koester

DATE OF BIRTH (month, day, year) 5/16/1862

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dye Cleaner.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dye Works.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany.

13. NAME Henry Koester

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Records Dept

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Cem Date July 10 . 1935

19. UNDERTAKER John Meneely & Co

(Address) 2-05 Gilsey Bldg Huntington Williams, N.Y.

9 1935 ... 19 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 2/11 . 1933 to 7/8 . 1935

I last saw him alive on 7/8 1935. Death is said to have occurred on the date stated above, at 3:45 a. m.

The principal cause of death and related causes of importance were as follows:

	Duration of each
Cerebral hemorrhage	2 days
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? ... Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Robert A. Reyer, M. D.

(Address) Balto City Hosp

D. B. 1268-9

F 14263

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14263

121

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Johns Hopkins Hospital St., 18 Ward)

Length of residence in city or town where death occurred 10 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Moses L. Scott (World War Vet. July 1918 to Feb. 1919

(a) Residence: No. 528 N. Arlington Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

If married, widowed, or divorced HUSBAND of (or WIFE of) Elizabeth Scott

DATE OF BIRTH (month, day, year) 1894

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 1021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. State Normal School

10. Date deceased last worked at this occupation (month and year) 1921

11. Total time (years) spent in this occupation 2

BIRTHPLACE (city or town) (State or country) Washington D.C.

13. NAME Washington Scott

14. BIRTHPLACE (city or town) (State or country) Mississippi

15. MAIDEN NAME Mattie Berkshire

16. BIRTHPLACE (city or town) (State or country) Mississippi

INFORMANT Andrew Palmer

(Address) 1412 W. Franklin St.

BURIAL, CREMATION, OR REMOVAL

Place National Date July 11, 1935

UNDERTAKER James A. Grayes

(Address) 1424 Pennsylvania Ave

FILED 19 Huntington Williams M.D. Registrar.

TO 1925

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 12:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Appendix	3 days
Generalized Peritonitis	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Paul Schenken M. D. Coroner

(Address) 1919 E. North Ave.

D. B 1268-8

14264

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14264 108

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) N. B. General Hospital

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Etta Olbrich

(a) Residence: No. 3000 N. Gaurison Ave

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widow

If married, widowed, or divorced — HUSBAND of (or) WIFE of: Benjamin

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70			

8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.: House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: None

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

BIRTHPLACE (city or town) (State or country): Russia

13. NAME: Vokroun

14. BIRTHPLACE (city or town) (State or country): Russia

15. MAIDEN NAME: Vokroun

16. BIRTHPLACE (city or town) (State or country): Russia

INFORMANT: Jack Olbrich

(Address) 3000 N. Gaurison Ave

BURIAL, CREMATION, OR REMOVAL: Woodlawn

Date 7-10-35 19

UNDERTAKER: Jack Lawrence

(Address) 1439 E. Baltimore St

FILED 7-10 1935 19

Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw h... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
Other contributory causes of importance:	

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hann Coroner. M. D.

(Address) 1215 Hanover St.

H. D. B. 1268-9

F 14265

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14265

CERTIFICATE OF DEATH

94-8

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1016 N Central Ave St., 10 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sophia Betz

(a) Residence: No. 1016 N Central Ave St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Frederick C Betz

DATE OF BIRTH (month, day, year) Aug 29 1867

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	10	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 42

12. BIRTHPLACE (city or town) (State or country) Baltimore

13. NAME Samuel Hartmann

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Heinrica

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Husband
(Address) 1016 N Central Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cemetery Date July 11 . 1935

19. UNDERTAKER Henry Heck Sons, Inc.
(Address) 1301 E Eager St

Filed ... 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5 . 1935 to July 8 . 1935

I last saw her alive on July 8 . 1935. Death is said to have occurred on the date stated above, at 2:30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis -	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19 ...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Henry Weintraub . M. D.

(Address) 1730 E. Fayette St.

F 14266

M. D. P. 1268-9

F 14266 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH ✓ 23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1446 Risgnith St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Victoria M. Grandy

(a) Residence: No. 1446 Aisgnith St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): July 6 1902

7. AGE: Years 33 | Months — | Days 9 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto Md

13. NAME: Benedict Grandy

14. BIRTHPLACE (city or town) (State or country): Germany

15. MAIDEN NAME: Margard Schirmer

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mrs Margaret Grandy

(Address) 1446 Aisgnith St

18. BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cemetery Date July 13 1935

19. UNDERTAKER: Henry Hock & Sons, Inc

(Address) 1311 E Fayette St

Huntington Williams, M.D.

Registrar.

FILED JUL 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1934 to July 9th 1935

I last saw her alive on July 9th 1935 Death is said to have occurred on the date stated above, at 3:40 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulm Tuberculosis	June 1934
Intestinal Tuberculosis	Jan 1935
Laryngeal Tuberculosis	Jan 1935

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Alex A Wenstock, M. D.

(Address) 713 Aisgnith St

F. D. B 1268-9

F 14267

HEALTH DEPARTMENT—CITY OF BALTIMORE

14267 ~167

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3609 Ellamont St. 2d 15 Ward)

Length of residence in city or town where death occurred 32 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Cornelius Calvin Warren

(a) Residence: No. 3609 Ellamont Rd., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6. If married, widowed, or divorced HUSBAND of (or) WIFE of Sarah M. Warren

DATE OF BIRTH (month, day, year) Mar. 4, 1872

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	63	4	5	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Co

10. Date deceased last worked at this occupation (month and year) ... | 11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Va.

13. NAME Thomas Warren

14. BIRTHPLACE (city or town) (State or country) Surry Co. Va

15. MAIDEN NAME Elizabeth Lane

16. BIRTHPLACE (city or town) (State or country) Va

17. INFORMANT Mrs. Sarah M. Warren

(Address) 3609 Ellamont. Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Norfolk Va Date July 10. 1935

19. UNDERTAKER Wm Fletcher Bond

(Address) Norfolk Va 1908 Huntington Ave, Va

July 10 1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9. 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 8.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Uremia	

Other contributory causes of importance: Nervous debility

Name of operation None Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (Violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) C. Mann M. D.
Coroner

(Address) 12 E Franklin

F 14268

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14268

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 517 Edgewood St., 70 Ward)

Length of residence in city or town where death occurred 36 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sarah Elizabeth McCauley

(a) Residence: No. 517 Edgewood St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Dec 11 - 1873

AGE: Years 61 | Months 6 | Days 24 | If LESS than 1 day, ... hrs. or ... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Elkton, Cecil Co. Md

13. NAME: Mary J. McCauley

14. BIRTHPLACE (city or town) (State or country): Cecil Co Md

15. MAIDEN NAME: Mary L. Alexander

16. BIRTHPLACE (city or town) (State or country): Cecil Co Md

17. INFORMANT: Thomas E McCauley

(Address) 517 Edgewood

18. BURIAL, CREMATION, OR REMOVAL: Loudon Park Date July 12 19 35

19. UNDERTAKER: W. J. Rudolph & Son

(Address) Funeral Directors

Timmington Williams, Reg.

FILED July 10 1935 19 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 1935, to July 9, 1935

I last saw her alive on July 8, 1935. Death is said to have occurred on the date stated above, at 9 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	10 yr
Other contributory causes of importance:	
diabetic gangrene + toxemia	2 wks.

Name of operation: None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) M. B. Burnam Hood, M. D.

(Address) 2216 Garrison Blvd

F 14269

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14269

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 3419 Piedmont Ave St., 19 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Anna Margaret Hiller
If U. S. Veteran specify WAR. none

(a) Residence: No. 3419 Piedmont Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (Write the word)
Female	White	Widow.

6. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Hiller

DATE OF BIRTH (month, day, year) Jan. 6, 1856

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	79	6	2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0037
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.
13. NAME OF FATHER Henry Bendewald
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME OF MOTHER Anna E. Krug
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Miss Bertha Hiller
(Address) 3419 Piedmont Ave.
18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 9 1935
19. UNDERTAKER Wm. Fischer Sons
(Address) North & Fayette. Washington Village, Md.
20. FILED 1935 19 6 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935
22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1935 to July 7, 1935
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 555 am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis Interstitial Chronic	1915
Other contributory causes of importance: Myocarditis	

Was an operation performed? no Date of —
For what disease or injury? —
Name of operation — Date of
What test confirmed diagnosis? Usual Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm. A. Duvall M. D.
(Address)

F 14270

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14270

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. Ward 18)

Length of residence in city or town where death occurred 32 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Bettie E. Berry.

(a) Residence: No. 1270 W. Pratt St., Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Late Charles.

6. DATE OF BIRTH (month, day, year): Oct 2, ?

7. AGE — Years: 72 ~~07~~ | Months: 9 | Days: 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Essex Co, Va.

MOTHER'S MAIDEN NAME

13. NAME: ? ? ?

14. BIRTHPLACE (city or town) (State or country): ?

15. MAIDEN NAME: Betty ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Records Bett.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: Place Loudon Pk Date 7/10 19 35

19. UNDERTAKER: Harry F. Little
(Address) 4101 ~~Huntington~~ Harford Ave

19 ..... Registrar

01935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/7 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 ..... 1935 to 7/7 1935

I last saw her alive on 7/7 ..... 1935 Death is said to have occurred on the date stated above, at 2:45 ~~p~~ a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage (?)	1 day
Arteriosclerosis	?
Hypertension	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp

F 14271

F 14271

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 27-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1133 Ridgley St., 21 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mildred Cecilia Engelbach

If U. S. Veteran specify WAR .....

(a) Residence: No. 1133 Ridgley St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) Aug. 25, 1907

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	27	10	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME William E. Engelbach

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Bessie E. Digby

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT William E. Engelbach

(Address) 1133 Ridgley St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross C. C. Date July 12 35

19. UNDERTAKER Margaret E. Flynn

(Address) 1128 Hughlett St.

FILED JUL 10 1935 19 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9- 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6th 1935 to July 9 1935

I last saw h alive on July 9 1935 Death is said to have occurred on the date stated above, at 7:20 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intoxication of Hypo	4/1/35
Carcinoma of Stomach	7/6/35

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. Reed Dorsey M. D.

(Address) 1129 Madison Ave

F 14272

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14272

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

Length of residence in city or town where death occurred Life yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Morton Byers

(a) Residence: No. 606 Frederick Road, Catonsville, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

If married, widowed, or divorced HUSBAND of (or) WIFE of

DATE OF BIRTH (month, day, year) November 1, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	13	8	8	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Catonsville Maryland

13. NAME Maxwell C. Byers

14. BIRTHPLACE (city or town) (State or country) Pittsburgh Pennsylvania

15. MAIDEN NAME Janet McCulloch

16. BIRTHPLACE (city or town) (State or country) Point Pleasant W. Va.

INFORMANT Mrs. Janet Byers

(Address) 606 Frederick Ave., Catonsville

BURIAL, CREMATION, OR REMOVAL

Place Point Pleasant, W. Va. July 10, 1935

UNDERTAKER Jos Black

(Address) 1003 W. Baltimore St.

FILED JUL 10 1935 Hunting for Williams N.S. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw him alive on ....., 19... Death is said to have occurred on the date stated above, at 6.45P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetis Mallitus	
Diabetic Coma	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. K. Oldham, M. D. Coroner

(Address) 2757 W. North Ave.

F 14273

M. D. B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14273

CERTIFICATE OF DEATH

V, 31

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 12 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds. If U. S. Veteran specify WAR

2. FULL NAME Sadie Bohanna Woodland

(a) Residence: No. 113 - 22nd St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Columbus Woodland

6. DATE OF BIRTH (month, day, year) 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	29			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Winston Salem NC

FATHER

13. NAME Doup Bohanan

14. BIRTHPLACE (city or town) (State or country) N. C.

MOTHER

15. MAIDEN NAME Emma Walker

16. BIRTHPLACE (city or town) (State or country) NC

17. INFORMANT Daisy Patterson

(Address) 113-22nd St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/11 1935

19. UNDERTAKER Thomas E. Kelagon

(Address) 1303 Pressman St.

Huntington Williams, W. Va.

20. FILED 19 Registrar

10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest, Autopsy, Inquiry thereon and from the evidence obtained by said Inquest, Autopsy, Inquiry find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Interstitial nephritis (uraemia)	June 1 1935

Other contributory causes of importance:

Was an operation performed? none Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Allen M. D.
Coroner

(Address) 507 Augusta St

F 14274

F 14274

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp. St., 13 Ward)

Length of residence in city or town where death occurred 3 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Francis Warrick.

(a) Residence: No. 2315 Division. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Single.

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, year): 12/28/1904.

7. AGE: Years 30 | Months 6 | Days 10 | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

13. NAME Sylvester Warrick.

14. BIRTHPLACE (city or town) (State or country): Va.

15. MAIDEN NAME Ada Wells.

16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT mother.

(Address) 2315 Division St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/11 . 1935

19. UNDERTAKER Thomas E. Nelson

(Address) 1303 Druid Hill Ave

Huntington Williams, Inc

20. FILED 10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8 . 1935

22. I HEREBY CERTIFY—That I attended deceased from 5/16 . 1935 to 7/8 . 1935

I last saw her alive on 7/8 . 1935 Death is said to have occurred on the date stated above, at 6.05 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2 days
Other contributory causes of importance: Transection Spinal cord Etiol. as yet undetermined.	18 mo.

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... . 19 ....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A. Reitz, M. D.

(Address) Balto City Hosp

F 14275

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

47-B

Registered No. F 14275

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 826 W. Baltimore St., 20 Ward)

Length of residence in city or town where death occurred 69 yrs. 3 mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie E. Hoffman

(a) Residence: No. 1826 W. Baltimore St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Daniel R. Hoffman D.V.S.

DATE OF BIRTH (month, day, year) March 14 1866

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	3	24	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Md
(State or country)

13. NAME John F. Mohr

14. BIRTHPLACE (city or town) Germany
(State or country)

15. MAIDEN NAME Sophia A. Albert

16. BIRTHPLACE (city or town) Germany
(State or country)

17. INFORMANT Ella V. Mohr
(Address) 1826 W. Baltimore st

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cemetery Date July 11 1935

19. UNDERTAKER Chas. G. Eldik
(Address) 742 W. Fayette ave

20. FILED JUL 10 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 7 1934 to July 8 1935

I last saw her alive on July 8 1935 Death is said to have occurred on the date stated above, at 1405 P.M.

The principal cause of death and related causes of importance were as follows:

Cancer of Lungs — Date of onset Oct 7-34

Other contributory causes of importance: X

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of Injury 19

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased?

no If so, specify X

(Signed) R. Frank Williams M. D.

(Address) 8200 Lexington

F 14276

14276 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH Baltimore City Hospital (7th Div.) Registered No. .....

CITY OF BALTIMORE: (No. ..... St., 14th Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ? yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR. No record

2. FULL NAME Isabel McClain

(a) Residence: No. 538 Wilson St St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Colored	Single

6. If married, widowed, or divorced WIFE of (or) HUSBAND of

DATE OF BIRTH (month, day, year) Sept. 23, 1905

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
29	10	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) North Carolina.

13. NAME David Smith

14. BIRTHPLACE (city or town) (State or country) North Carolina

15. MAIDEN NAME Lucie Smith

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 10, 1935

19. UNDERTAKER [illegible]

(Address) [illegible]

19 D 35 Huntington Williams & Co

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) June 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1935 to June 29, 1935

I last saw her alive on June 29, 1935 Death is said to have occurred on the date stated above, at 6:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Nov. 1934

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Arthur Kaufman M. D.

(Address) Balto. City Hosp.

D. B 1268-9

4277

F 14277

HEALTH DEPARTMENT—CITY OF BALTIMORE

92-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH 1107 Parrish St.

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 52 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Emory Harvey

(a) Residence: No. 1107 Parrish St., Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of ...

7. DATE OF BIRTH (month, day, year) Sept. 13 1867

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	67	9	18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

13. NAME Frank Harvey

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

15. MAIDEN NAME Phebe (last name known)

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT Emory E. Harvey

(Address) 1107 Parrish St.

18. BURIAL, CREMATION, OR REMOVAL

Place Univ. of Md. Date July 10, 1935

19. UNDERTAKER ...

(Address) ...

19 1935 Huntington Ave. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 6.30 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart lesion	
Other contributory causes of importance: Bowel obstruction	

Name of operation None Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) ... Coroner, M. D.

(Address) 12 16 Bassett Ave.

1348

M. D. F 1268-9

14278 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14278

CERTIFICATE OF DEATH

34-131 Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Mercy Hospital St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harry Ludham
(a) Residence: No. 38 Frederick St., St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	White	Widower

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Unknown

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	60			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) ...
11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Unknown Florida
13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (city or town) (State or country) Unknown
17. INFORMANT
(Address)
18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 10 1935
19. UNDERTAKER
(Address)
20. Filed 0 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/2. 1935
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1125 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis, Genitalia, Cardio-Vascular Renal D.	1934
Other contributory causes of importance: Cardiac Dilitation	1935

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy?
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? ... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place ...
Manner of injury ...
Nature of injury ...
24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...
(Signed) Erwin B. Wallace M. D.
(Address) 1031 St. Paul St Coroner

M. D. F 1268-9

14279 F 14279

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Provident Hospital 108 Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Division St. 70 Ward)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Roosevelt Queen

(a) Residence: No. 1820 Lanvale Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: Col. | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ruth Queen

6. DATE OF BIRTH (month, day, year) Unknown

7. AGE: Years 43 | Months | Days | If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME OF FATHER Lonnie Queen

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME OF MOTHER Anna Hall

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Ruth Queen

(Address) 1820 Lanvale Ave

18. BURIAL, CREMATION, OR REMOVAL Baltimore Md Date July 11, 1935

19. UNDERTAKER Samuel R. Chase & Son

(Address) 638 N. Eutaw

JUL 10 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-29, 1935, to 7-8, 1935

I last saw h[e] alive on 7-8, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lung Abscess	
Pneumonia	6-29

Other contributory causes of importance:

Name of operation Rib Resection Date of 7-5

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Peters, M. D.

(Address) Provident Hosp.

✓ F 14280

14280 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

93-C

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1308-E. Lafayette Ave. St., 9 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME PAULINE MARSHALL

If U. S. Veteran specify WAR No.

(a) Residence: No. 1308-E. Lafayette Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Henry Saxton Marshall

7. DATE OF BIRTH (month, day, year) Feb. 5th, 1872

8. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
63	5	3	XXXXXX

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME John Schneider

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine (Derr)

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Miss Edna Marshall

(Address) 1308-E. Layafette Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date 7/11/35 19

19. UNDERTAKER Geo. J. Ruth Inc.

(Address) 1735-Harford Ave. Huntington Ave. Baltimore, Md.

20. FILED JUL 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1935 to July 8, 1935

I last saw her alive on July 8 1935. Death is said to have occurred on the date stated above, at 7 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1934
Other contributory causes of importance: Gall Stones	1934

Was an operation performed? no Date of

For what disease or injury?

Name of operation none Date of

What test confirmed diagnosis? X Ray Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did Injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Samuel B. Wolfe M. D.

(Address) 1331 E. Lanvale

14281 F 14281

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 411-E.25th.Street St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME A. BAYARD GUILLETTE

If U. S. Veteran specify WAR NO.

(a) Residence: No. 411-E.25th. Street St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - - - -

7. DATE OF BIRTH (month, day, year) Sept.30.1885

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	9	8	xxxx

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 066

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Temperanceville, Va.

13. NAME Guilbert Guillette

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Virginia Shields

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Miss Helen Ruth.

(Address) 411-E.25th. Street

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem. Date 7/11/35

19. UNDERTAKER George J. Roth Jr.

(Address) 1735-Harford Ave.

Huntington Williams, M.D.

01935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2nd 1934 to July 8th 1935

I last saw him alive on July 8th 1935 Death is said to have occurred on the date stated above, at 10.15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	7/8/35
Cardiac Hypertrophy	1927
Other contributory causes of importance:	
Arteriosclerosis.	?

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation Date of

What was confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Geo. Armstrong M.D. M. D.

(Address) 401 E 25th St

D. B 1268-9

✓ F 14282

14282

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

9

Registered No. .....

1. PLACE OF DEATH (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 252 W. Biddle St., 11 Ward)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Muriel Lewis

(a) Residence: No. 252 W. Biddle St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colo	Single

If married, widowed, or divorced: HUSBAND of (or) WIFE of child.

DATE OF BIRTH (month, day, year) Jan 18 1934

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	1	6	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME William Lewis.

14. BIRTHPLACE (city or town) (State or country) La.

15. MAIDEN NAME Clara Wilson

16. BIRTHPLACE (city or town) (State or country) Taylors Island Md.

INFORMANT Clara Lewis

(Address)

BURIAL, CREMATION, OR REMOVAL Date 7/60 35

Place Mt Auburn

UNDERTAKER H. J. Eichson

(Address) 416 Pennsylvania Ave

FILED 01935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 00 4 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	
Other contributory causes of importance: Whooping Cough & Bronchitis.	

Name of operation ?? Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? ??

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? ??

If so, specify .....

(Signed) ..... M. D. Coroner

(Address) 1215 Hanover

M. D. B. 1268-9

F 14283

4283

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-W

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2639 Eastern ave. St., 1 Ward)

Length of residence in city or town where death occurred 58 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine B. Cosgrove

(a) Residence: No. 2639 Eastern ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Widow

6a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of John P. Cosgrove

6. DATE OF BIRTH (month, day, year) July 23 1876

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
58	11	15	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) City

13. NAME Louis Radziger

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Annie Rauch

16. BIRTHPLACE (city or town) (State or country) City

17. INFORMANT J. Edwin Cosgrove

(Address) 2639 Eastern ave

18. BURIAL, CREMATION, OR REMOVAL

Place New Cathedral Date July 11, 1935

19. UNDERTAKER John A. Mohan

(Address) 3500 E. Balto St.

FILED 7-10-1935 Huntington Williams Registrar

RPH

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/ 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 21 1935 to July 8 1935

I last saw h.. alive on July 8 1935 Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Left Ovary	1934

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Samuel Brooke M. D.

(Address)

14284 STATE OF MARYLAND—CERTIFICATE OF DEATH 14284

46-EF

1. PLACE OF DEATH

Registration Dist. No. 46 Ward

County

Village or City Baltimore No. 6505 Cleveland Ave

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mr. Phillip John Fehfuss

(a) Residence: No. 6505 Cleveland Ave Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur May Fehfuss

6. DATE OF BIRTH (month, day, and year) Jan. 16, 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs or min.
57	6	24	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Heater

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc Tin Mill Boiler

10. Date deceased last worked at this occupation (month and year) Dec 1934

11. Total time (years) spent in this occupation 23 yrs.

BIRTHPLACE (city or town) Pittsburgh

(State or country) Pa.

13. NAME George Fehfuss

14. BIRTHPLACE (city or town) unknown

(State or country)

15. MAIDEN NAME Louisa Ott

16. BIRTHPLACE (city or town) Germany

(State or country)

INFORMANT Mrs. Phillip J. Fehfuss

(Address) 6505 Cleveland ave

BURIAL, CREMATION, OR REMOVAL

Place Maryland Memorial Date 7/13, 1935

UNDERTAKER John F. Connelly

(Address) [illegible]

[illegible] Huntington Williams, M.D.

Registrar

JUL 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 10 (Day) 1935 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1935, to July 10, 1935

I last saw h. alive on July 10, 1935; death is said to have occurred on the date stated above, at 8 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows

	Date of onset
Carcinoma of Liver	8 mos?

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical signs Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. Howard Burns M. D.

(Address) 59 Dundalk Ave.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

M. D. Record 14285

301456
D. Surg

✓ F 14285

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 53-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Wilson

(a) Residence: No Crisfield P O Md St., Ward. 1st Wd

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

6a. If married, widowed, or divorced HUSBAND of Bessie (same)

6. DATE OF BIRTH (month, day, year) May 19, 1907

7. AGE: Years 28 | Months | Days 20 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fisherman & oysters

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or county) (State or country) Maryland

FATHER

13. NAME Elisha Wilson

14. BIRTHPLACE (city or county) (State or country) Md.

MOTHER

15. MAIDEN NAME Alice Lawson

16. BIRTHPLACE (city or county) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Crisfield Cemetery Date July 11 1935

19. UNDERTAKER John A Bradshaw

(Address) Crisfield Md

20. FILED JUL 12 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) JUL 9 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 9 1935 Death is said to have occurred on the date stated above, at 6 15 m.

Last saw him alive on July 9 1935

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Tumor, malignant — Fourth Ventricle	1934?
Chronic Rhinitis, Tonsillitis, Pharyngitis, Bronchitis	1926

Other contributory causes of importance:

Name of operation Enucleation Tumor Date of 7-9-35

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edwina S. Stafford M. D.

(Address) The Johns Hopkins Hospital

H. D. B 1268-9

(Lacey) ✓

F 14286

14286 HEALTH DEPARTMENT—CITY OF BALTIMORE 14286

X 71-a

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hospital St. 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 2 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Patrick Lacey

(a) Residence: No. Hanford Court Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Wh.	Single.

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year) Dec 4 1872

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	6	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland.

13. NAME Patrick Lacey

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary Flavord

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) C. G. Lacey Catonsville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Catonsville Md Date July 12 1935

19. UNDERTAKER (Address) F. E. Zell Sons Co Baltimore Md

Filed 0 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to July 10, 1935

I last saw him alive on July 10, 1935. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pernicious Anemia	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Milton S. Lacey, M. D.

(Address) Mercy Hospital

M. D. P. 1268-9

✓ F 14287

14287 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

133

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. University Hospital St. 15 Ward)

Length of residence in city or town where death occurred yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Calvert Coomes

(a) Residence: No. 2014 N Payson St. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word):

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

7. DATE OF BIRTH (month, day, year): June 7 1935

8. AGE — Years: — Months: 1 Days: 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Balto, Md.

13. NAME: Calvert Coomes Jr.

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Mildred A. West

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Calvert Coomes

(Address) 2014 N Payson St

18. BURIAL, CREMATION OR REMOVAL

Place: Western Cemetery Date: July 11 1935

19. UNDERTAKER: Josiah Pabst

(Address) 1600 N. North Ave

[illegible] Huntington Ave. Registrar.

JUL 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 9 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 9 1935

I last saw him alive on July 9 1935 Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cer. Pyelonephritis — Date of onset 6 2 35?

Other contributory causes of importance:

Name of operation: None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edith W. Peyton, M. D.

(Address) University Hosp.

F 14288

14288

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2201 Eutaw Place St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 60 yrs. ... mos. ... ds. How long in U. S. If of foreign birth 60 yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Adolph Loewenson

(a) Residence No. 2201 Eutaw Place St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Marie C. Loewenson

6. DATE OF BIRTH (month, day, year) Dec. 18, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	78	6	21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ? 0000

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (City or town) (State or country) Germany

13. NAME ..... Loewenson

14. BIRTHPLACE (City or town) (State or country) Germany

15. MAIDEN NAME Unknown

16. BIRTHPLACE (City or town) (State or country) Germany

17. INFORMANT Mr. F. Loewenson

(Address) 2201 Eutaw Place

18. BURIAL, CREMATION OR REMOVAL

Place Balto. Hebrew Cem. Date July 11, 19 35

19. UNDERTAKER Harid Sondheimer Son

(Address) 1902 Eutaw Place

1925 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to July 9 1935

I last saw him alive on July 9 1935 Death is said to have occurred on the date stated above, at 9 P m.

The principal cause of death and related causes of importance were as follows:

Cardio Vascular Renal Disease July 6
Generalized Arteriosclerosis

Other contributory causes of importance:

Senility
Pulmonary Edema

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury ... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

(Signed) No A. Wm. Privaloff M. D.

(Address) Temple Garden Apts.

H. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 4289

4289

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2225 Brookfield Ave St., 13 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Wilbur H. Dannenberg

(a) Residence: No. 2225 Brookfield Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Feby. 3, 1921

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	14	5	7	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student:- Balto.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City College

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (City or town) Baltimore, Md.
(State or country)

13. NAME Martin Dannenberg

14. BIRTHPLACE (City or town) Goldsboro, N.C.
(State or country)

15. MAIDEN NAME Wilhelmina Wilfson

16. BIRTHPLACE (City or town) Baltimore, Md.
(State or country)

17. INFORMANT W. M. Dannenberg, Jr.
(Address) 2225 brookfield Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Balto. Hebrew Cem. Date July 11, 1935

19. UNDERTAKER David Sondheim & Son
(Address) 1902 Eutaw Place

20. FILED 0.1535 Huntington Williams M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 . to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Hemorrhage	-
Other contributory causes of importance:	

Name of operation Autopsy Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) H. H. Baden Hooper M. D.

(Address) 85 W. 36th St.

F 14290

F 14290

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

163

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hospital Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. — mos. — da. How long in U. S. If of foreign birth? — yrs. — mos. — da.

If U. S. Veteran specify WAR —

2. FULL NAME Isabel Zabriskie Hegner

(a) Residence: No. 218 Hawthorne, Rd. Ward. D

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of —

DATE OF BIRTH (month, day, year) July 24, 1912

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	22	11	14	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pre. Med. Student

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Johns Hopkins

10. Date deceased last worked at this occupation (month and year) 7/9/35

11. Total time (years) spent in this occupation 1 yr.

12. BIRTHPLACE (city or town) (State or country) Mich

13. NAME Robert W Hegner

14. BIRTHPLACE (city or town) (State or country) Iowa.

15. MAIDEN NAME Jane Zebriskie

16. BIRTHPLACE (city or town) (State or country) New Jersey

17. INFORMANT Jane Zebriskie

(Address) 218 Hawthorne Rd

18. ~~BURIAL~~, CREMATION, OR REMOVAL

Place London Park Date July 11, 1935

19. UNDERTAKER Harry W Jenkins Sons Co

(Address) Orchard & McCulloh Sts

Huntington Hollins

20. FILED

JUL 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 P. M. July 9, 1935, to 1:30 A.M. July 10, 1935. I last saw her alive on July 10, 1935. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Suicide from arsenic Poisoning. Ingestion of arsenious oxide solution.

Date of onset

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: ~~Accident~~, suicide, or ~~homicide~~? Date of Injury 7/9, 1935

Where did Injury occur? Hopkins Campus

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place In Hopkins Chemical Lab.

Manner of Injury Taking of Arsenic.

Nature of Injury Toxic Poisoning.

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) W W Copeland M. D.

(Address) Union Memorial Hosp

M. D. F. 58-9 F 14291 F 14291

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

122-B

Registered No. 105

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred, yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Clement Slattery

(a) Residence: No. Howard Training School St., Ward. Balto. Co. Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): unknown

7. AGE — Years: 18 — Months — Days — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

13. NAME Francis J. Slattery

14. BIRTHPLACE (city or town) (State or country): Md

15. MAIDEN NAME Jessica Shannahan

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT Francis J. Slattery.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Byrnwood Date June 11 1935

19. UNDERTAKER Stewart & Cyra

(Address)

20. FILED June 11 1935 W. L. Howard Registrar.

JUN 11 1935 Francis J. Slattery

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 6-9-35 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1-35, 19, to 6-9-35, 19

I last saw him alive on 6-9-35 19 Death is said to have occurred on the date stated above, at 11:40 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcerative Ileocolitis Colon	6-8-35

Other contributory causes of importance:

Megacolon
Mental Deficiency
Pelvic Abscess

Name of operation Ileostomy Date of 6-9-35

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. Howard M. D.

(Address) University Hospital

F 14292

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14292

Registered No. 159

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Hamilton

(a) Residence: No. Sparrows Point Md St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Infant

6. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) July 7th 1935

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
—	—	—	—	1 hrs. or 45 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. — None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

13. NAME Russell Hamilton

14. BIRTHPLACE (city or town) (State or country) Mineral Virginia

15. MAIDEN NAME Aldea McGehee

16. BIRTHPLACE (city or town) (State or country) Orange Co. Virginia

17. INFORMANT (Address) Aldea McGehee Hamilton Sparrows Pt., Md

18. BURIAL, CREMATION, OR REMOVAL
Place Parnegat Dist Date 7-9 , 1935

19. UNDERTAKER
(Address)

FILED JUL 11 1935 Clinton Williams M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7th , 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7th , 1935 to July 7th , 1935

I last saw him alive on July 7th , 1935. Death is said to have occurred on the date stated above, at 7.30 P m.

The principal cause of death and related causes of importance were as follows:

Prematurity (5½-6 mos) — Date of onset

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Glenn Wilson Zeiders M. D.

(Address) Women's Hospital Baltimore, Md

F 14293

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14293

92-a

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 925 South Decker Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME John G. Mielage
If U. S. Veteran specify WAR no

(a) Residence: No. 925 South Decker Ward.
(If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

4. Sex	5. Color or race	5a. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

If married, widowed, or divorced
HUSBAND of (or) WIFE Ernestine

6. DATE OF BIRTH (month, day, year) Oct-1-1862

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. ... min.
72	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Matchmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco Factory
10. Date deceased last worked at this occupation (month, day, year) 1931
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (city or town) (State or country) Berlin Md
13. NAME OF FATHER John G. Mielage
14. BIRTHPLACE (city or town) (State or country) Germany
15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Germany
17. INFORMANT Ernestine Mielage (Address) 925 South Decker
18. BURIAL, CREMATION, OR REMOVAL Loudon Park Date July 13 1935
19. UNDERTAKER William Cook (Address) 217 SE Paul St
20. FILED 1935 ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from April 10th 1935 to July 10th 1935
I last saw him alive on July 10th 1935 Death is said to have occurred on the date stated above, at 3 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	4 days

Other contributory causes of importance:
Arteriosclerosis Mitral Insufficiency

Was an operation performed? No Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) David Gibson M. D.
(Address) 1011 E. Fairmount Ave.

8

M. D. B 1[illegible]

F 14294

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14294

CERTIFICATE OF DEATH

193

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 57 yrs. 10 mos. 27 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles E. Morgan

(a) Residence: No. 110 W. 27th St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced
HUSBAND of (or) ~~WIFE of~~ Carrie C. M. Morgan

6. DATE OF BIRTH (month, day, year) August 13, 1877.

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	57	10	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Air brake Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penna. R.R.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

13. NAME William Wesley E. Morgan

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Catherine Kurtz

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Carrie C. M. Morgan
(Address) 110 W. 27th St.

18. BURIAL, CREMATION, OR REMOVAL Lorraine Date 7/11/35

19. UNDERTAKER Wm Chas A & G Rohde
(Address) 2327 Edmondson Ave

20. FILED 19 [illegible]

335

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19, to [illegible], 19

I last saw h[illegible] alive on [illegible], 19 Death is said to have occurred on the date stated above, at 3:15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Second degree burns of chest, left thigh, left arm, right arm and back.	2 weeks
Other contributory causes of importance:	
Cardiac Failure	

Name of operation Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury June 26, 1935.

Where did injury occur Railroad Station - Balto., Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry - Igniting clothing

Manner of injury Burned by Electric Wire

Nature of injury Second degree burns

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify working on Electric train.

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1912 E. North Ave.

F 14295

M. D. P. 1269 F 14295

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1725 W. Lanvale St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vander Howard

(a) Residence: No. 1725 W. Lanvale st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Nwgro	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Jannie Howard

6. DATE OF BIRTH (month, day, year) May 8th. 1881

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	54	2	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lab.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Florence S.C.

MOTHER FATHER

13. NAME Thos. Howard

14. BIRTHPLACE (city or town) (State or country) Florence S.C.

15. MAIDEN NAME Ann ?

16. BIRTHPLACE (city or town) (State or country) Florence S.C.

17. INFORMANT Jannie Howard

(Address) 1725 W. Lanvale st

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Zion Date July 13, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 N Eutaw st.

20. FILED 7-11 1935 Thos. Functions Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1st. 1935 to July 9th 1935

I last saw him alive on 7-8-'35, 19 . Death is said to have occurred on the date stated above, at 11.15 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation — Date of onset ?

Other contributory causes of importance:

Mitral Ins. — ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No.

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st

D. B. 1268-9

F 14296

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14296

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 717 W. Lexington St. St., 4 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mariona Mandravickuite

(a) Residence: No. 717 W. Lexington St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Single

DATE OF BIRTH (month, day, year)

AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	48			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor 0080

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lithuania N.A.

13. NAME OF FATHER Adam Mandravickuite

14. BIRTHPLACE (city or town) (State or country) Lithuania N.A.

15. MAIDEN NAME OF MOTHER Annie Dunidritis

16. BIRTHPLACE (city or town) (State or country) Lithuania

INFORMANT Anthony Mandravickas

(Address) 830 Hollins St.

BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 13, 1935

UNDERTAKER John Grebliauckas

(Address) 1423 Lyndhurst St.

FILED ..... 19 ..... Registrar.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Epilepsy	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... Coroner. M. D.

(Address) 2757 W. North

F 14297

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14297
297210

CERTIFICATE OF DEATH

✓ 32-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 10 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elmer Vodery

(a) Residence: No. 820 N. Caroline St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	Black.	

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/1/05

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
30	29		2	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer odd

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

13. NAME Percy ?

14. BIRTHPLACE (city or town) (State or country) Md.

15. MAIDEN NAME Adeline Lee

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Calvary Date July 13 1935

19. UNDERTAKER Robert A. Coburn
(Address) 804 N. Caroline St.

Huntington Station, N.Y.

19. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1935

22. I HEREBY CERTIFY, That I attended deceased from March-25 1935 to July-9 1935

I last saw him alive on July-9- 1935. Death is said to have occurred on the date stated above, at 10:10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous polyserositis.	
Other contributory causes of importance: Cardiac failure.	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

21. Was disease or injury in any way related to occupation of deceased?
No If so, Specify

(Signed) Morgan Cutter M. D.

(Address) Johns Hopkins Hosp.

AaCo. 5-31 250B

F 14298

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14298

93-a

CERTIFICATE OF DEATH

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 418 Eisler St., 27 Ward)

Length of residence in city or town where death occurred 19 yrs. ? mos. ? ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Sedonia MacKertie

(a) Residence: No. 418 Eisler St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: Colored | 5. Single, Married, Widowed, or Divorced (write the word): Widowed

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Cort MacKertie

7. DATE OF BIRTH (month, day, year) ?

8. AGE: Years 39 | Months ? | Days ? | If LESS than 1 day, hrs. or min.

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New Windsor Md

13. NAME OF FATHER Chas. Budd

14. BIRTHPLACE (city or town) (State or country) Carroll Co. Md

15. MAIDEN NAME OF MOTHER Martha Kerr

16. BIRTHPLACE (city or town) (State or country) Carroll Co Md

17. INFORMANT Evelyn MacKertie
(Address) 418 Eisler

18. BURIAL, CREMATION, OR REMOVAL
Place New Windsor Md Date 7-12 1935

19. UNDERTAKER James T. Grace & Son
(Address) 638 N. Gilmor St

Filed 1935, 19.... Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

20. DATE OF DEATH (month, day, year) July 9 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 9 1935

I last saw her alive on June 9 1935 death is said to have occurred on the date stated above, at 9 P m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis Insufficiency	7-7-35
Other contributory causes of importance:	

Name of operation none Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) J. T. McCue M. D.
(Address) 1126 E. Fried Hall

M. D. B 1268-9

F 14293

HEALTH DEPARTMENT—CITY OF BALTIMORE

V34B-96

CERTIFICATE OF DEATH

F 14299

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Balto City Hospital St., 18 Ward)

CITY OF BALTIMORE: (No. ..... Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Robert Thomas

(a) Residence: No. 1601 Dragon Alley St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	col	married

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Jeanette Thomas

DATE OF BIRTH (month, day, year) August 15 1897

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
37	11	9 21	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Medicine mak

10. Date deceased last worked at this occupation (month and year) 1-2 33

11. Total time (years) spent in this occupation 2 yrs

12. BIRTHPLACE (city or town) (State or country) South Carolina

13. NAME Titus Thomas

14. BIRTHPLACE (city or town) (State or country) South Carolina

15. MAIDEN NAME Annie J. Croslin

16. BIRTHPLACE (city or town) (State or country) South Carolina

17. INFORMANT Jeanette Thomas

(Address) 1601 Dragon Alley

18. BURIAL, CREMATION, OR REMOVAL Place Bennetsville S.C. Date 7/11/35 19

19. UNDERTAKER Chas G. Cotter

(Address) 514 N. Carey St. Huntington Williams

FILED 1935 19 0 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 6 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 1/2 0 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured Aortic Aneurism	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. W. Wright Coroner, M. D.

(Address) 1010 S. Edward Ave

M. D. B. 1268-9

F 14300

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14300

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1014 E. Preston St., 9 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sarah F. Frizzell

(a) Residence: No. 1014 E. Preston St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced WIFE of (or) HUSBAND of: Samuel W. Frizzell

6. DATE OF BIRTH (month, day, year) July 26, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	11	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: John F. Helm

14. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

15. MAIDEN NAME: Sarah A. Towson

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Mrs. Alma Frizzell Barnes

(Address) 1014 E. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place Louden Park Cem. Date July 12, 1935

19. UNDERTAKER: Hamilton Williams

(Address) 1003 W. Baltimore St.

July 12, 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 10th 1935 to July 9th 1935

I last saw her alive on July 9th 1935. Death is said to have occurred on the date stated above, at 10.30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Disease of Heart	years
Chronic Nephritis	9th Jan

Other contributory causes of importance:

V

Name of operation V Date of

What test confirmed diagnosis? V Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Stephenie Book, M. D.

(Address) 2844 St. Paul St.

F 1430 / F 14301

HEALTH DEPARTMENT—CITY OF BALTIMORE

14301 ✓ 175

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH — Hopkins Hospital — 6 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. John ~~Bloodon~~ St.,

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME John Burgess

(a) Residence: No. 1647 E. Fayette St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

3. If married, widowed, or divorced — HUSBAND of (or) WIFE of ?

DATE OF BIRTH (month, day, year) ?

AGE	Years	Months	Days	If LESS than 1 day ..... hrs. or ..... min.
	54 ?			

6. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. — (None)

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

7. BIRTHPLACE (city or town) (State or country) ?

13. NAME ?

14. BIRTHPLACE (city or town) (State or country) ?

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

INFORMANT Northeastern Police Station

(Address) Eastland Ave.

BURIAL, CREMATION, OR REMOVAL

Place University of M Date July 10, 1935

UNDERTAKER .....

(Address) .....

FILED ..... 19 ..... Registrar

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h..... alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 6 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub-dural hemorrhage	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury July 4, 1935

Where did injury occur? 1600 Mulligan St. Balto. Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Hit in head with a chair

Nature of injury Sub-dural hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Paul Schenker Coroner, M. D.

(Address) 1918 E. North Ave

M. D. P. 1208-9

F 14302

14302

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

V 107-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 14 Ward)

Length of residence in city or town where death occurred yrs. mos. 33 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Robinson

(a) Residence: No. 1924 Pennsylvania Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Black

5. Single, Married, Widowed, or Divorced (write the word): Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): June 6, 1935

7. AGE: Years — Months: 1 — Days: 337 — If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Augustus Robinson

14. BIRTHPLACE (city or town) (State or country): Atlantic City New Jersey

15. MAIDEN NAME: Edna Lake

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT: Edna Robinson
(Address) 1924 Pennsylvania Ave.

18. BURIAL, CREMATION, OR REMOVAL: Place Baltimore City Hospital Date 7-11, 1935

19. UNDERTAKER: [illegible]
(Address) [illegible]

FILED 1935 Huntington Williams, M.D. Registrar.

1552

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1935 to July 7, 1935

I last saw her alive on July 8, 1935 Death is said to have occurred on the date stated above, at 5-37 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 6 months	June 6 1935
Aspiration pneumonia	July 7

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in, also, the following:
Accident, suicide, or homicide? — Date of injury — 19—

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wm. Cathcart Waller, M. D.

(Address) Baltimore City Hospital

M. D. F. 2269-9

F 14303

4303

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

XV/07-a

Registered No.

1. PLACE OF DEATH Baltimore City Hosp 26 Ward)
CITY OF BALTIMORE: (No. St.,
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Nigrin

(a) Residence: No. 406 Dunmble Road St., Ward. Balto Co. Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	White	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1935

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Nigrin

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Catherine Mueller

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place U of Md Med School Date July 10 . 1935

19. UNDERTAKER
(Address)

20. FILED 1935 Huntington Williams, M.D. Registrar.

15558

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/35

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to July 8, 1935

I last saw h— alive on July 8, 1935 Death is said to have occurred on the date stated above, at 12½ a.m. 7/8/35

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	June 20
Pneumonia, bronchial	July 6
Conjunction	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Mary Louise Neuman, M. D.

(Address) Baltimore City Hosp —

M. D. F. 1268-9

F 14304

14304 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH V 109-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Baltimore City Hospital St., 11 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby girl Brown

(a) Residence: No. 131 W. Preston St. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) June 20, 1935

7. AGE	Years	Months	Days 17	If LESS than 1 day, hrs. or min.
			18	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

13. NAME Thomas Brown

14. BIRTHPLACE (city or town) (State or country) Baltimore County, Md.

15. MAIDEN NAME Anna Louise Moss

16. BIRTHPLACE (city or town) (State or country) Marion, N. C.

17. INFORMANT Thomas Brown

(Address) 131 W. Preston St.

18. BURIAL, CREMATION, OR REMOVAL

Place (Greenmount Cemetery) Date July 10 1935

19. UNDERTAKER —

(Address)

20. FILED 1935 Hamilton Wilgus, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to July 7, 1935

I last saw her alive on July 7, 1935 Death is said to have occurred on the date stated above, at 1.50 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature birth	6/20/35
Pneumonia bronchial	7/6/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Frederick Deeley, M. D.

(Address) Bachman's Valley, Md.

M. D. F. 1268-9

F 14305

14305

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 49-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 4 Middleton Court St., 7 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Anna M. Stutt

(a) Residence: No. 4 Middleton Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 3, 1875.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	1	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME John H. Stutt

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Mary Butcher

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT Mr. William A. Stutt
(Address) 700

18. BURIAL, CREMATION, OR REMOVAL
Place Lorraine Pk. Date July 11, 19 35

19. UNDERTAKER Harry H. Lutzke
(Address) 101 Edmondson Ave.

20. FILED Huntington Williams, M.D.
(Registrar)

1 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 . 1935

22. I HEREBY CERTIFY, That I attended deceased from May 2 . 19 34 to July 9 . 1935

I last saw her alive on July 8 . 1935 Death is said to have occurred on the date stated above, at 2.30 A m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of right ovary — Date of onset 1934

Carcinomatosis of lung, liver, & intestines.

Other contributory causes of importance:

Toxemia 1935

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) D. W. Bishop, M. D.

(Address) 501 Sheridan Av.

M. D. B 1268-9

F 14306

14306 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 50

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 13 South Schroeder st St., 18 Ward)

Length of residence in city or town where death occurred.... yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence N. Bacon Carroll

(a) Residence: No. 13 S. Schroeder st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Negro	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Frank Carroll

6. DATE OF BIRTH (month, day, year) Sept. 8th. 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	19	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co., Md.

FATHER

13. NAME William Bacon

14. BIRTHPLACE (city or town) (State or country) Balto, Co. Md.

MOTHER

15. MAIDEN NAME Lovinia Bacon

16. BIRTHPLACE (city or town) (State or country) Baltimore Co., Md.

17. INFORMANT (Address) Virgie Bacon 828 W. Vine st.

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Auburn Date July 12, 1935

19. UNDERTAKER (Address) Mrs Katie R Williams 322 S Schroeder St.

FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from May 5th. 1935 to July 9th. 1935

I last saw h. alive on July 9th. 1935 Death is said to have occurred on the date stated above, at 2.30 m. a.m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomata of Brest Lft.	?

Other contributory causes of importance: None

Name of operation Removal of brest Date Dec.

What test confirmed diagnosis? Physical Exam. Was there an autopsy? Hospt. Rpt. 193

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Walter J. Jackson M. D.

(Address) 1631 W. Franklin st.

H. D. B 1268-9

14307 **HEALTH DEPARTMENT—CITY OF BALTIMORE** E 14307

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1108 Barn Court 18 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary E. Jones

(a) Residence: No. 1108 Barn Court St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	Widow

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of W. Jones (Widow)

DATE OF BIRTH (month, day, year) July 3 1880

AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55		3	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) 00?0

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Balto

13. NAME unknown

14. BIRTHPLACE (city or town) (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) unknown

17. INFORMANT James Compher

(Address) 1108 Barn Court

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 12, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 322 S Schroeder St

1935 Filed ..... 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.., to ....., 19..

I last saw h... alive on ....., 19.. Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Brain Hemorrhage	July 6
	1935

Other contributory causes of importance: unconscious for several weeks prior as a result

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury ..... 19..

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Thos. H Chilcoat M. D. Coroner

(Address) 1939 Edmondson Ave.

F 14308

W. P. B. 1268-9

1308.

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH Died on Station of Dead on arrival at West Balto Gen Hospital — Registered No. 75

CITY OF BALTIMORE: (No. ..... St., ... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Howard Martin — If U. S. Veteran specify WAR .....

(a) Residence: No. 326½ E. 22½ St., ... Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Maybelle Martin

6. DATE OF BIRTH (month, day, year) June 19 1897

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
38	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Halifax Co N. C.

FATHER

13. NAME Lewis T. Martin
14. BIRTHPLACE (city or town) (State or country) Halifax Co N. C.

MOTHER

15. MAIDEN NAME Martha E. Eaton
16. BIRTHPLACE (city or town) (State or country) Halifax Co N. C.

17. INFORMANT Ruth T. Martin (Address) 929 Bennett Place

18. BURIAL, CREMATION, OR REMOVAL Place Weldon, N. C. Date July 11, 1935

19. UNDERTAKER Mrs Katie R. Williams (Address) 322 N Eutaw St.

20. FILED July 11 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an ..... (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said ..... (Inquest, Autopsy or Inquiry) find that said deceased came to ..... death on the day stated above.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Dilatation and dilatation of Stomach	

Other contributory causes of importance: Myocardial Condition

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Hann Coroner, M. D.

(Address) 12 S Howard St

M. D. P. 1268-9

✓ F 14309

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14309

CERTIFICATE OF DEATH

194-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Provident Hosp St., 18 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles Wright

(a) Residence: No. 248 N. Arlington Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	aa	Married

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mildred Wright

6. DATE OF BIRTH (month, day, year) Nov 28, 1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
28	28	7	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME David Wright

14. BIRTHPLACE (city or town) (State or country) Balto Md.

15. MAIDEN NAME Josephine Matlow

16. BIRTHPLACE (city or town) (State or country) Balto Md.

17. INFORMANT David Wright
(Address) 222 n Carrollton Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 13, 1935

19. UNDERTAKER Mrs Katie R Williams
(Address) 322 N Schroeder Ave

20. FILED JUL 11 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-8- 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-2- 1935 to 7-8- 1935

I last saw him alive on 7-8- 1935 Death is said to have occurred on the date stated above, at 6:45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Concussion	7-2-35

Other contributory causes of importance:

over

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

(Specify whether injury occurred in industry, in home, or in public place)

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Calvin Bk Compton M. D.
(Address) Provident Hosp.

Asphyxia Consultant

F 14310

F 14310 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-F

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 201 Witherspoon Road St., 27 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William B. Ennis, Sr.

(a) Residence: No. 201 Witherspoon Road St., Ward. (If non-resident give city or town and State)

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Emma May Lepson

6. DATE OF BIRTH (month, day, year) Dec. 12, 1849

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Naval Engineer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME John Ennis

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Mary Pippin

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Rev. Daniel L. Ennis

(Address) 309 5th St., Wash., D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem'ty Date July 13, 35

19. UNDERTAKER John O. Mitchell & Sons

(Address) 1900 Eutaw Place Huntington Williams, N.D.

19 Registrar

7 11 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1935 to July 11, 1935

I last saw h[illegible] alive on July 10, 1935. Death is said to have occurred on the date stated above, at 2:35 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Head of Pancreas	?
Other contributory causes of importance: Hemorrhage from bowel	3 days

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M. Bowman Hood, M. D.

(Address) 2216 Garrison Blvd.

M. D. F. 1268-9

F 14311

14311

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Lydenham Hospital St., 7 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joseph F. Bennett

(a) Residence: No. 4626 Pall Mall Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	S

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 9 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	20	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper carrier posts

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6-20-35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Charles J. Bennett

14. BIRTHPLACE (city or town) (State or country) Baltimore

MOTHER

15. MAIDEN NAME Cecelia Larkins

16. BIRTHPLACE (city or town) (State or country) Baltimore

17. INFORMANT Mother

(Address) Same

18. BURIAL, CREMATION, OR REMOVAL Cathedral Cemetery July 15 35

19. UNDERTAKER Chas R. Wade & Son

(Address) 118 W. Mt. Royal Ave

20. FILED , 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 2 1935, to July 10 1935

I last saw h[illegible] alive on July 10 1935 Death is said to have occurred on the date stated above, at 8.10 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	6-20-35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Myron G. Full M. D.

(Address) Lydenham Hospital

M. D. B. 1268-9

14312 **HEALTH DEPARTMENT—CITY OF BALTIMORE** F 14312

93-C

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Pronounced Dead at Mercy Hospital

CITY OF BALTIMORE: (No. ..... St., 16 Ward)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPH R. SCHUSTER

(a) Residence: No. 1529 Ellamont St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen M. Schuster

6. DATE OF BIRTH (month, day, year) Feb. 12th. 1885

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
50	4	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News and Post

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME John Schuster

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lena Nieman

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Helen M. Schuster

(Address) 1529 Ellamont St.

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross A. A. Co. Md. Date July 12 35

19. UNDERTAKER Chas. B. Grace & Son

(Address) 118 W. Mt. Royal Ave.

20. FILED July 13 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9th. 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .... to ..... 19 ....

I last saw h alive on ..... 19 .... Death is said to have occurred on the date stated above, at 6 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Chas B. Wallace M. D.

(Address) 1031 St. Paul St.

✓ F 14313

14313 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

17

CERTIFICATE OF DEATH,

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Maryland general Hospital St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Miss Emma Vester VESTER

(a) Residence: No. 115 W Fort Ave. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. Color or Race: white

5. Single, Married, Widowed, or Divorced (write the word): single

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year): Jan 2 1888

8. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
47	6	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md

13. NAME of David Vester

14. BIRTHPLACE (city or town) (State or country): Baltimore

15. MAIDEN NAME: Spencer

16. BIRTHPLACE (city or town) (State or country): Baltimore

17. INFORMANT: Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Old Westminster Date July 13 1935

19. UNDERTAKER: A. Kaufman Evans

(Address) 1525 E Baltimore St

JUL 11 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-1, 1935. to 7-11, 1935

I last saw her alive on 7-11, 1935. Death is said to have occurred on the date stated above, at 6:40 A.m.

The principal cause of death and related causes of importance were as follows:

Encephalitis — Date of onset 6-10-35

Other contributory causes of importance:

Cystitis — 6 —

Was an operation performed? No Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) John W Barnaby M.D.

(Address) Maryland General Hosp

M. D. P. 1768-9

✓F 14314

14314

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1017 Riverside ave St., 24 Ward)

Length of residence in city or town where death occurred 0 yrs. 7 mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Wochlke

(a) Residence: No. 1017 Riverside ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Widowed

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Louis G Wochlke

6. DATE OF BIRTH (month, day, year) Sept 23, 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	13	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

13. NAME George M. Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Dortha M Ellwell

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT George M. Wochlke

(Address) 1017 Riverside ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Date 1935

19. UNDERTAKER Howard Evans

(Address) 1400-02 Edmondson

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1935

22. I HEREBY CERTIFY, That I attended ~~deceased~~ from June 28 1935 to July 10 1935

I last saw h alive on July 10th 1935 Death is said to have occurred on the date stated above, at 5.25 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Hypotensive Cardio vas cular or renal disease 1 yr

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? P. F. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: (Accident, suicide, or homicide?) Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Harry Wardle M.D.

(Address) 1224-26 Hanover

✓ F 14315

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14315

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Tuberculosis Division St., 10 Ward)

Length of residence in city or town where death occurred 2 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Raymond Holt

(a) Residence: No. 706 Stirling st. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 4, 1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	4	4	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME William Holt

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Mary ?

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hospital Records

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Calvary CE Date July 11. 1935

19. UNDERTAKER Rayner Sanders

(Address) 1413 Harlem Ave, N.Y.

Filed ..... 1935 ..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8 1935

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to July 8 1935

I last saw him alive on July 8 1935 Death is said to have occurred on the date stated above, at 7:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	June 1934

Other contributory causes of importance

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify .....

(Signed) Arthur Karsner M. D.

(Address) Baltimore City Hospital

M. D. B. 126849

E 14316

4316

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 17 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby boy Anderson

(a) Residence: No. 626 Parkwood St. University Hosp. St., 6D Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 9, '35

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	0	0	0	7 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lulu, Md.

FATHER

13. NAME Rufus Smith

14. BIRTHPLACE (city or town) (State or country) ? Virginia

MOTHER

15. MAIDEN NAME Virginia Anderson

16. BIRTHPLACE (city or town) (State or country) Spottsylvania Co. Va.

17. INFORMANT
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University Md Date July 11, 1935

19. UNDERTAKER
(Address) Wm. Harrington Towsontown, Md.

20. FILED 11 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3.02 PM 7/9/35 to 10. PM 7/9/35. M

I last saw h IM alive on 7/9/35 M Death is said to have occurred on the date stated above, at 10 PM

The principal cause of death and related causes of importance were as follows:

Congenital Syphilis — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wyatt T. Flood, M. D.

(Address) University Hospital

M. D. B. 1268-9

✓ F 14317

4317

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1362 Homestead St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME James Madison Rawlings

(a) Residence: No. 1362 Homestead St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced, HUSBAND of (XXXXXX) Mary W. Rawlings

6. DATE OF BIRTH (month, day, year) Sept. 25. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	9	15	

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retail Coal merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 6/35

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME George A. Rawlings

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME Almira F. Woodcock

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Corbin C. Cogswell

(Address) 406 Park Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Olivet Cemet Date July 12-35

19. UNDERTAKER Robert Rhodes

(Address) 424 N. Broadway

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10 19 35

22. I HEREBY CERTIFY, That I attended deceased from 7-7 19 31 to 7-10 19 35

I last saw him alive on 7-10 19 35 Death is said to have occurred on the date stated above, at 12 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial degeneration	7-6-35

Other contributory causes of importance:

Arthritis deformans	1916

Name of operation None Date of .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? NK Date of Injury NK 19 .....

Where did injury occur? NK (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place NK

Manner of injury NK

Nature of injury NK

24. Was disease or injury in any way related to occupation of deceased?

If so, specify NK

(Signed) Daniel Miller M. D.

(Address) 1512 Eutaw

Spec.—9-30—A. & Co.—250 Bks

✓ F 14318

14318

HEALTH DEPARTMENT—CITY OF BALTIMORE

95-B

CERTIFICATE OF DEATH

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Franklin Square Hosp. ST. 70 WARD)

2. FULL NAME Mrs. Carrie Fuss

(a) RESIDENCE NO. 1906 Mc Henry ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
f	W.	M.

5a If married, widowed, or divorced HUSBAND of (or) WIFE of Albert F. Fuss

6 DATE OF BIRTH (month, day, and year) September 14 1893

7 AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	41	9	27	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) Home

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Baltimore Md.

PARENTS

10 NAME OF FATHER Charles Lockhart

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Mr. Albert F. Fuss

(Address) 1906 Mc Henry St.

15 Filed 7-13-1935 Huntington Wm. Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-11-35

17 I HEREBY CERTIFY, That I attended deceased from 7-4 1935 to 7-11 1935

that I last saw her alive on 7-11 1935

and that death occurred, on the date stated above, at 3 30 P.M.

The CAUSE OF DEATH* was as follows:

Hypertensive Cardio-Vascular Disease

Congestive Heart failure

Pulmonary Edema, Hypostatic pneumonia

Lt lung (duration) yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) (duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? At Home

Did an operation precede death? No Date of

Was there an autopsy? No

What test confirmed diagnosis? Clinical

(Signed) George C. Bungard Jr. M. D.

19 (Address) Franklin Square Hospital

*State the Disease Causing Death, or In deaths from Violent Causes state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Western Cemetery — DATE OF BURIAL: July 13 1935

20 UNDERTAKER: George C. Schwab — ADDRESS: 701 Park Ave.

14319 F 14319

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No.) 640 Maunde Ave (St.) Brooklyn (Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Robert Ward

(a) Residence: No. 640 Maunde Ave - Brooklyn Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: White
5. ~~Single, Married~~, Widowed, or ~~Divorced~~ (write the word): Widowed

6a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of: Hannah A Ward

6. DATE OF BIRTH (month, day, year): April 12th 1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
80	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Fireman 1086
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
10. Date deceased last worked at this occupation (month and year): 1931
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (city or town) (State or country): Southern Md

13. NAME: Unknown
14. BIRTHPLACE (city or town) (State or country): "
15. MAIDEN NAME: "
16. BIRTHPLACE (city or town) (State or country): "

17. INFORMANT: John R. Johnson
(Address): 640 Maunde Ave

18. BURIAL, CREMATION, OR REMOVAL
Place: Holy Cross - Brooklyn Date: July 13th 1935

19. UNDERTAKER: Wm Cook
(Address): 1217 St Paul St

Filed 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10th, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935, to July 10, 1935

I last saw h. alive on July 10, 1935 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterio-Sclerosis — Cerebral Softening	June 25

Other contributory causes of importance:

Was an operation performed? No Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Jno. Graham M. D.

(Address) 530 Antagnes Ave

✓F 14320

4320

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

50

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2619 Garrett Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR No

2. FULL NAME Mary M. Harris

(a) Residence: No. 2619 Garrett Ave St., Ward.

(Usual place of abode) 40 (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced (or) WIFE of Harry R. Harris

DATE OF BIRTH (month, day, year) Dec. 4-1860

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	7	6	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sch

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Virginia

13. NAME Mason Curtis

14. BIRTHPLACE (city or town) (State or country) Virginia

15. MAIDEN NAME Laura Bland

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Paul Locher

(Address) 2619 Garrett Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oaklawn Date July 12, 1935

19. UNDERTAKER Williams & Co

(Address) 1217 St Paul Street

FILED 1935 Huntington Williams, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 10, 1935

I last saw alive on July 9, 1935. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Breast	May 1933

Other contributory causes of importance:

Generalized Carcinomatosis

Was an operation performed? Yes Date of May 2, 1933

For what disease or injury? Carcinoma Left Breast

Name of operation Removal of Breast Date of 5/2/33

What test confirmed diagnosis? operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? no Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) Joseph Pokorny M. D.

(Address) 2200 E Madison St

M. D. F. 1268-9

✓ F 14321

14321

HEALTH DEPARTMENT—CITY OF BALTIMORE

131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1313 E. Eager St., 10 Ward)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Catherine E. Rightmiller

(a) Residence: No. 1313 E. Eager St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of John Rightmiller

6. DATE OF BIRTH (month, day, year) May 15, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	26	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1932

11. Total time (years) spent in this occupation 4 5/12

12. BIRTHPLACE (city or town) (State or country) Bad Kreuznach Germany

13. NAME Jacob Smith

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Kat Kraun

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Henry Ritzmiller

(Address) 1313 E. Eager St

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross Brooklyn Date July 15, 1935

19. UNDERTAKER Elmer W. Conklin

(Address) 2217 Eager St

20. FILED July 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 4, 1935 to July 11 1935

I last saw her alive on July 10, 1935 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive cardio vascular renal disease	1 year prior death

Other contributory causes of importance:

Name of operation - none Date of ---

What test confirmed diagnosis? p.f. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or Injury in any way related to occupation of deceased? no If so, specify - - - -

(Signed) Harry Deibel, M. D.

(Address) 1224-1226 Hanover St.

M. D. B. 1268-9

F 14322

14322

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-W

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1843 Frederick Ave 19 Ward)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME HANS KUEHNL

(a) Residence: No. 1843 Frederick St, Ave Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Oakley Riley Kuehnl

6. DATE OF BIRTH (month, day, year) JAN 23-1892

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43.	5	16 16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gro

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Austria Hungary

FATHER

13. NAME Hans Kuehnl

14. BIRTHPLACE (city or town) (State or country) Austria Hungary

MOTHER

15. MAIDEN NAME Mukerenen

16. BIRTHPLACE (city or town) (State or country) Austria Hungary.

17. INFORMANT Mrs Oakley Riley Kuehnl
(Address) 1843 Frederick Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loc Catholic Date July 13/35

19. UNDERTAKER H. B. Stephens & Son
(Address) 320 Eastern Place
Huntington Williams, Mgr.

1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9- 19 35

22. I HEREBY CERTIFY That I attended deceased from 9-8 19 34 to 7-9 19 35

I last saw him alive on 7-9 19 35 Death is said to have occurred on the date stated above, at 9.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7-9-35
Auricular Fibrillation	9-8-34

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. J. Moran M. D.

(Address) Catonsville, Md.

F 14323

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14323

CERTIFICATE OF DEATH

207-M

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Penn. R.R. Right of Way St., 8 Ward)

Registered No.
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Alexander Bell

(a) Residence: No. 1215 N. Chester St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Widower

6. If married, widowed, or divorced: HUSBAND of (or) WIFE of Helen Bell

DATE OF BIRTH (month, day, year) Aug 9, 1845

AGE	Years	Months	Days	If LESS than 1 day..... hrs. or .....min.
	89	11	—	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Insurance Co
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Zoar Md
(State or country)

13. NAME Frederick Bell

14. BIRTHPLACE (city or town) Unknown
(State or country)

15. MAIDEN NAME Kerpick (unknown)

16. BIRTHPLACE (city or town) Unknown
(State or country)

17. INFORMANT John W. Bell (Son)
(Address) Roxbury Rd. Hagerstown

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Cemetery Date July 12, 1935

19. UNDERTAKER Thos. Lowndes Sons
(Address) 1422 W. Baltimore

20. FILED July 12 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19.....

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2.25 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Surgical Shock from fracture Skull-ribs-both femurs etc	

Other contributory causes of importance:

Senility	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Accident Date of injury July 9, 1935

Where did injury occur? Penn R.R. Right of Way
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place

Manner of injury Struck by R.R. Train

Nature of injury Fracture Skull etc.

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) [illegible] M. D.
Coroner

(Address) 1014 S. Edmondson Ave.

Z. D. B. 1268-2 F 14324

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14324

CERTIFICATE OF DEATH

120

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Hospital for the Women of Maryland

CITY OF BALTIMORE: (No. ..... St., 13 Ward)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME (Mrs.) ZELDA FAX

(a) Residence: No. 818 Brooks Lane St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

6. If married, widowed, or divorced
HUSBAND of ~~Name~~ Joseph Fax

DATE OF BIRTH (month, day, year) 1898

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	37			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Wife 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

13. NAME OF FATHER Joseph L. Bronstein

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME OF MOTHER Sadie Bisgard

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Joseph Fax 818 Brooks Lane
(Address)

18. BURIAL, CREMATION, OR REMOVAL Rosedale Date 7/12/35

19. UNDERTAKER Jack Levy Inc (Address) 1139 E. Baltimore St

FILED ..... 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10 — 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 10 1935

I last saw her alive on July 10 1935 Death is said to have occurred on the date stated above, at 11:10 P m.

The principal cause of death and related causes of importance were as follows:	Date of onset
Bronchopneumonia	3 days
Other contributory causes of importance: Gastro enteritis	5 days

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Henry M. Hynson M. D.

(Address) Hospital for the Women of Maryland

Form 1005 Printing Office, Baltimore, Md.

M. D. P. 1206 F 14325

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14325

CERTIFICATE OF DEATH

158

1. PLACE OF DEATH

Registered No. .....

CITY OF BALTIMORE: (No. Johnston's Hospital St., 27 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Huber

(a) Residence: No. 1721 Feldaine Drive St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 7-4-35

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Balt. Md

FATHER

13. NAME Bernhart Huber

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Rose Engelhardt

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery
Place ... Date July 10 19 35

19. UNDERTAKER ...
(Address)

20. FILED JUL 12 1935 Penrington Phillips Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-35

22. I HEREBY CERTIFY, That I attended deceased from 7-4-35, 19..., to 7-10-35, 19...

I last saw h. alive on 7-10-35, 19... Death is said to have occurred on the date stated above, at 9:00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Incomplete development	

Other contributory causes of importance:

Name of operation. None Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) J. Hulla M. D. M. D.

(Address) 2214 E. Fayette St

F 14326

F 14326

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 53-E

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mary Turowitch (TUROWICZ) (Or, if U. S. Veteran, specify WAR)

(a) Residence: No. 8011 S. Bethel St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White.

5. Single, Married, Widowed, or Divorced (write the word): Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) ? 1871

7. AGE: Years 60 (?) | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

13. NAME: Joseph Flenk. ?

14. BIRTHPLACE (city or town) (State or country): ?

FATHER

15. MAIDEN NAME: Annie ?

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT: Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL: ST. STANISLAUS Date July 12 1935

19. UNDERTAKER: Geoge A Weber
(Address) 705 S. Ann St

20. FILED 19 Registrar

JUL 12 1935 Huntington, Indiana

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6 1935

22. I HEREBY CERTIFY, That I attended deceased from 4/1 1935 to 7/6 1935

I last saw her alive on 7/6 1935 Death is said to have occurred on the date stated above, at 9:50 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, original site unknown.	6 mo.

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reiter M. D.

(Address) Balto City Hosp.

D. B. 1268

F 14327

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14327

CERTIFICATE OF DEATH

Schumpert Funeral Home 186-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 5904 Kavon Ave. No Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 78 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Salisbury

(a) Residence: No. 5904 Kavon Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. ~~Single~~ ~~Married~~, Widowed, or ~~Divorced~~ (write the word): Widower

6. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~: Kate Salisbury

7. DATE OF BIRTH (month, day, year): Nov 13, 1858

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
76	78	7	27	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Clerk

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Balto Steam Packet Co

10. Date deceased last worked at this occupation (month and year): 1931

11. Total time (years) spent in this occupation: 50 odd

BIRTHPLACE (city or town) (State or country): Baltimore Maryland

13. NAME: Edward Salisbury

14. BIRTHPLACE (city or town) (State or country): Baltimore Mayland

15. MAIDEN NAME: Elizabeth Drury

16. BIRTHPLACE (city or town) (State or country): Baltimore Mayland

INFORMANT (Address): Mrs Nellie Lambdin 5904 Kavon Ave

BURIAL, CREMATION, OR REMOVAL

Place: Mt Olivet Date: July 13th 1935

UNDERTAKER (Address): William Cook 1217 St Paul Street

FILED: [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 2.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	7
Fractured Humerus (left)	2 weeks

Other contributory causes of importance:

Cardiac Failure

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury June 27, 1935

Where did injury occur? At 5904 Kavon Ave. Baltimore Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Fell on Floor -

Nature of injury Fractured Humerus (Left)

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Schreiber, M. D.
Coroner

(Address) 1919 E. North Ave.

H. D. B 1268-9

F 14328 Aut F 14328

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2515 Eastern Ave. St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ...yrs. ...mos. ...ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME Josephine Aut

(a) Residence: No. 2515 Eastern Ave St., ... Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Fem	White	married

3. If married, widowed, or divorced HUSBAND of (or) WIFE of Michael Aut

DATE OF BIRTH (month, day, year) not known

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
About	51			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) not known

11. Total time (years) spent in this occupation not known

12. BIRTHPLACE (city or town) (State or country) Poland

13. NAME of mother Stalmarzek

14. BIRTHPLACE (city or town) (State or country) Poland

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country) " "

INFORMANT Michael Aut

(Address) 2515 Eastern Ave.

BURIAL, CREMATION, OR REMOVAL

Place Ft Stanislaus Date 7/13/35

UNDERTAKER John J Linder

(Address) 2211 Boston St

FILED 7/12 1935 19 Wilhelmina Fortkort

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 5 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy — Date of onset July 11 1935

Other contributory causes of importance:

arteriosclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. V. Wright Coroner M. D.

(Address) 1615 S. Belnord Ave.

F 14329

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14329

CERTIFICATE OF DEATH

5 / 24

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. 5 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 47 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mary Taylor.

(a) Residence: No. 1255 E. Fayette St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Colored

5. Single, Married, Widowed, or Divorced (write the word): Separated.

6a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: James

6. DATE OF BIRTH (month, day, year): 2/19/1888

7. AGE: Years 47 | Months 4 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none. odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Richmond, Va.

MOTHER FATHER

13. NAME: James Shelton

14. BIRTHPLACE (city or town) (State or country): Md.

15. MAIDEN NAME: Rachel

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Records Bur't.
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/12/35 19

19. UNDERTAKER: Jno. Gen. H. Holland

(Address) 1631 Druid Hill Ave.

Huntington Williams, M.D.
Registrar

7 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/8 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/15 . 1935 to 7/8 . 1935

I last saw her alive on 7/8 1935 Death is said to have occurred on the date stated above, at 4:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis, tuberculous (?)	June

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

No. If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

F 14330

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14330

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1410 Ashland Av St., 10 Ward)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Georgie Williams Jackson

(a) Residence: No. 1410 Ashland Av St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	married

6. If married, widowed, or divorced (or) WIFE of Charles Jackson

DATE OF BIRTH (month, day, year) 7/29/1840

AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	94	11	10	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME John Bryan

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Annie Reed

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Charles E. Jackson 1410 Ashland Av

18. BURIAL, CREMATION, OR REMOVAL Place Mt Wahon Cem Date July 12th 1935

19. UNDERTAKER (Address) Thos. H. & A. Elliott Haughton 1129 Pennsylvania Av Huntington Williams, W. Va.

20. Filed ..... 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/9/ 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/30 1935 to 7/9 1935

I last saw her alive on 7/8 1935 Death is said to have occurred on the date stated above, at 8:40 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	6/9/35
Other contributory causes of importance:	
chr. Interstitial nephritis	?
arterio-sclerosis	?

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Raymond Thomas M. D.

(Address) 1500 E. Madison St

F 14331

F 14331

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

56

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 1507 Jefferson St., E. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Mary A Hamlett — U.S. Veteran (specify WAR)
(a) Residence: No. 1567 Jefferson St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. Color or Race: C
5. Single, Married, Widowed, or Divorced (write the word): Married
6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Thomas Hamlett
6. DATE OF BIRTH (month, day, year): 1886
7. AGE: Years 48; Months; Days; If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 9070
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (city or town) (State or country): Balto. Md
13. NAME OF FATHER: James Cheer
14. BIRTHPLACE (city or town) (State or country): Md
15. MAIDEN NAME OF MOTHER: Alverta Butler
16. BIRTHPLACE (city or town) (State or country): Md
17. INFORMANT: Thomas Hamlett
(Address): 1507 Jefferson St
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn cem 7-13- 1935
19. UNDERTAKER: Bryon & Jeanne V. Wright
(Address): 1280 Mc Elderry St.
Huntington Williams, Registrar.

2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-10 1935
22. I HEREBY CERTIFY, That I attended deceased from 6-20 1935 to 7-10 1935
I last saw h[illegible] alive on 7-10 1935. Death is said to have occurred on the date stated above, at 8:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute endocarditis	
& Pneumonia	7/7/35
resulting from	
Acute Rheumatic fever	6/20
Other contributory causes of importance:	
Acute Rheumatic fever	(illegible)

Was an operation performed? no Date of
For what disease or injury?
Name of operation Date of
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. R. Blake M. D.
(Address) 924, Aisquith St.

M. D. B. 1268-9

F 14332

14332

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH 506 N. Harrison St.

CITY OF BALTIMORE: (No. 506 N. Harrison St., 19 Ward)

Registered No. 23

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred? [illegible] yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Naomi Clark Garrison

(a) Residence: No. 506 N. Harrison St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

U. S. Veteran (specify WAR)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Jarvis Arthur Garrison

6. DATE OF BIRTH (month, day, year) July 12 1877

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	58	11	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

13. NAME Lucretia Thomas

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

15. MAIDEN NAME Lavinia Thomas

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Jarvis Arthur Garrison

(Address) 506 N. Harrison St.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/13 35 19

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St

12 1935 19 Registrar

Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I last saw the deceased alive on [illegible] and that death occurred at 10 P.M. on the date stated above. The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis of heart	

Other contributory causes of importance: Arthritis

Was an operation performed? Date of

For what disease or injury?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner M. D.

(Address) 1216 Harwood

14333

F 14333

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 92-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 920 Mount St. 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Murray

(a) Residence: No. 920 Mount St. Ward .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of (wife) Mary Murray

6. DATE OF BIRTH (month, day, year) 1823

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc... Expressman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 023

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) West River Md.

FATHER

13. NAME Peter Murray

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Rachel ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mary Murray

(Address) 920 Mount

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Cem Date 7/12 '35

19. UNDERTAKER Thomas E. Kelson

(Address) 1303 Presstman St.

20. FILED JUL 12 1935, 19.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1935 to July 9, 1935

I last saw him alive on July 6 '35. Death is said to have occurred on the date stated above at 5:45 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	3/15/35
Other contributory causes of importance Goshua Infection	1934
Operation	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following

Accident, suicide or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) C. Wellington Frey, M. D.

(Address) 121 N Penna Ave

M. D. B. 1265-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

14334 F 14334

CERTIFICATE OF DEATH

Registered No. 82-a

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1552 N. Bruce St., 12th Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Carrie Barnes

(a) Residence: No. 1552 N. Bruce St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Colored	Single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1884

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	51	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 0021

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER FATHER

13. NAME Thomas Barnes
Md

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME ?
Md

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address) Mazie Copper 1552 N. Bruce St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/13 '35

19. UNDERTAKER Thomas E. Nelson
(Address) 1302 Pennsylvania Ave

20. FILED JUL 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1935.

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935 to July 9 1935
that I last saw her alive on July 9 1935 Death is said to have occurred on the date stated above, at 7 A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	7/8/35

Other contributory causes of importance:

None

Name of operation — Date of —

What test confirmed diagnosis? Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury — 19 —

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify

(Signed) John D. Quinn, M. D.

(Address) 1507 N. Fulton Ave.

335 B 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14335

CERTIFICATE OF DEATH

34-C-110

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hospital 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 1 2 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mamie Thompson ☐ U. S. Veteran specify WAR .....

(a) Residence: No. 1609 N Carey St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	C	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Earnest Thompson

6. DATE OF BIRTH (month, day, year) Nov 16-1899

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	35	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Durham N C

MOTHER

13. NAME Wm Sucker

14. BIRTHPLACE (city or town) (State or country) N C

FATHER

15. MAIDEN NAME Lulu Hogans

16. BIRTHPLACE (city or town) (State or country) N C

17. INFORMANT Mrs Starks

(Address) 1609 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/12 19 35

19. UNDERTAKER Thomas E. Kelson

(Address) 1305 Pennsylvania Ave

20. FILED JUL 12 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I took charge of the remains described above, held an inquest thereon and from the evidence obtained by said inquest (Inquest, Autopsy or Inquiry) find that said deceased came to death on the day stated above.

The principal cause of death and related causes of importance were as follows:

Pleurisy with infusion — Date of onset July 4 1935

Other contributory causes of importance:

Was an operation performed? none Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Autopsy yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) George L. Allen Coroner M. D.

(Address) 230 Augusta St

D. B 1268-9

14336 F 14336

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

107-a

Registered No. .....

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hospitals St., 17 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

2. FULL NAME Louise Clark

(a) Residence: No. 658 Bradley St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col.	Single

3. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

DATE OF BIRTH (month, day, year) Nov. 16, 1934

AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	7	27 25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME Emery Sullivan

14. BIRTHPLACE (city or town) (State or country) Balto. Md.

15. MAIDEN NAME Frances Clark

16. BIRTHPLACE (city or town) (State or country) Balto. Md.

17. INFORMANT Frances Clark
(Address) 658 Bradley St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date July 12, 1935

19. UNDERTAKER Mrs Katie R. Williams
(Address) 322 S Schroeder St

20. FILED ..... 19..... Registrar

JUL 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 11, 1935 (month, day, year) , 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.20 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature] M. D.

Coroner

2757 W. North Ave

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

14337 ✓ 23 14337

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 263 W. Hoffman St., 11 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles William Dorman

(a) Residence: No. 263 W. Hoffman St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	C	Married

6a. If married, widowed, or divorced HUSBAND of Adel Dorman

6. DATE OF BIRTH (month, day, year) 7/7/1907

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	28	0	1	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 0070

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

13. NAME Charles Dorman

14. BIRTHPLACE (city or town) (State or country) Md

15. MAIDEN NAME Rebecca Parsley

16. BIRTHPLACE (city or town) (State or country) Fairmount Md

17. INFORMANT Rebecca Dorman

(Address) 263 W. Hoffman.

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date July 12, 1935

19. UNDERTAKER Mrs Katie R Williams

(Address) 222 E Lafayette st.

20. FILED ..., 19...

JUL 12 1935 Registrar

Huntington Millwork, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/1, 1935, to 7/8, 1935

I last saw him alive on 7/6, 19 35 Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	?

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) Wagner Thomas M. D.

(Address) 1500 E. Madison St.

M. D. B. 1268-9

F 14338

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14338

CERTIFICATE OF DEATH

59

Registered No. .....

(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 13 Ward)

Length of residence in city or town where death occurred? ? yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ? yrs. ... mos. ... ds.

2. FULL NAME Nathan Rosen

(a) Residence: No. 3501 Holmes Ave St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Elizabeth Rosen

6. DATE OF BIRTH (month, day, year) Feb 15, 1865

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Ladies'

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. to Wear Merchant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0045

12. BIRTHPLACE (city or town) (State or country) Russia

MOTHER FATHER

13. NAME Rosen

14. BIRTHPLACE (city or town) (State or country) Russia

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Mr. Wm. Schapiro
(Address) 2415 Auburn Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Hebrew Friendship Date July 12, 1935

19. UNDERTAKER Sherid Sondheim & Son
(Address) 902 Century Bldg Huntington, W. Va.

20. FILED July 12 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/22, 1935, to 7/11, 1935

I last saw him alive on 7/11, 1935 Death is said to have occurred on the date stated above, at 7.30 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
arteriosclerosis	
Diabetes Mellitus	
Chronic Nephritis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Paul E Carliner, M. D.

(Address) Sinai Hospital

M. D. B. 1268-9

14339

F 14339

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6000 Belair Road St., 27 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth A. Workinger

(a) Residence: No. 6000 Belair Road St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Workinger

6. DATE OF BIRTH (month, day, year) April 5th 1860

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none-home

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Conrad Schenkel

14. BIRTHPLACE (city or town) (State or country) Unknown Germany

MOTHER

15. MAIDEN NAME Elizabeth Snyder

16. BIRTHPLACE (city or town) (State or country) Unknown Pennsylvania

17. INFORMANT William Workinger

(Address) 6000 Belair Road

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cemetery Date July 13 1935

19. UNDERTAKER Frederick J. Huddleston Sons

(Address) 7011 Belair Road

20. FILED 19 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11th 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to July 11 1935

I last saw her alive on July 11 1935 Death is said to have occurred on the date stated above, at 1st p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	

Other contributory causes of importance:

arteriosclerosis	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.

(Address) 1010 S. Belnord Ave.

14340

F 14340

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1319 N. Central Ave St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Theresa Harms

If U. S. Veteran specify WAR .....

(a) Residence: No. 1319 N. Central Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John D. Harms

6. DATE OF BIRTH (month, day, year) March 8th 1852

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	4	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Good

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME John Reuter

14. BIRTHPLACE (city or town) Unknown (State or country) Germany

MOTHER

15. MAIDEN NAME Rosina Weidel

16. BIRTHPLACE (city or town) Wurzburg (State or country) Germany

17. INFORMANT Miss Harms (Address) 1319 N. Central Ave.

18. BURIAL, CREMATION, OR REMOVAL Loudon Park Cem. Date July 13th 35

19. UNDERTAKER Frederick Lawton Sons (Address) 7401 Belair Road

20. FILED JUL 15 1935 Registrar

Huntington Pittsville, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1935 to 7/10/35 1935

I last saw her alive on 7/10/35 Death is said to have occurred on the date stated above, at 7:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	
Other contributory causes of importance: Acute Cardiac Dilatation	

Was an operation performed? no Date of .....

For what disease or injury? no

Name of operation — Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury .....

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?

If so, specify. No

(Signed) Virgil L. Sutton M. D.

(Address) 1304 Eclaire

F 14341

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14341

CERTIFICATE OF DEATH

J 93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. West Balto General St., 49 Ward)

Length of residence in city or town where death occurred 81 yrs. 2 mos. 15 da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Mr. John Clopein

(a) Residence: No. 1614 Cole St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Widowed

5a. If married, widowed, or divorced WIFE of / HUSBAND of: Mary H. Clopein

6. DATE OF BIRTH (month, day, year): Apr 25 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Butcher 0 13

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Balto md

FATHER

13. NAME: John Clopein

14. BIRTHPLACE (city or town) (State or country): Not Known

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (city or town) (State or country): " "

17. INFORMANT: Mrs Jane Lee
(Address): 1213 Cleveland St

18. BURIAL, CREMATION, OR REMOVAL
Place: London Park Date: July 13 1935

19. UNDERTAKER: Wm J Treherne & Son
(Address): Huntington Williams, N.Y.

20. FILED 19 Registrar

77825

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17 1935 to July 10 1935
last saw him alive on July 10 1935 Death is said to have occurred on the date stated above, at 4 00 m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Hypertensive Heart Disease	?
Chronic Myocarditis	?

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W Alton Jones M. D.
(Address) West Balto General Hosp

M. D. B. 1268-9 F 14342

F 14342

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

√50

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave) (Ward) 16

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 26 yrs. M. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Melissa McIver.

(a) Residence: No. 1937 W. Lanvale St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John K. McIver

6. DATE OF BIRTH (month, day, year): Dec. 25, 1888

7. AGE: Years 46 | Months 6 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Musician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Adolph Zarges

14. BIRTHPLACE (city or town) (State or country): Phila Pa

MOTHER

15. MAIDEN NAME: Helena Rogers

16. BIRTHPLACE (city or town) (State or country): Phila Pa

17. INFORMANT (Address): Mr. John K. McIver 1937 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL: Place Woodlawn Cem. July 17 35

19. UNDERTAKER (Address): Wm. J. Fletcher Sons 1629 E. Baltimore

Huntington Williams

2 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 24 1935 to July 10 1935

I last saw her alive on July 10 1935 Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast	1930
Other contributory causes of importance: Metastatic Carcinoma of Scull, Rib, Pelvis, Lungs	1935

Name of operation: Radical Mastectomy Date of 1930 No

What test confirmed diagnosis: Microscopic Was there an autopsy?

22. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Robert F. Healy M. D.

M. D. (Address) St. Agnes Hospital

M. D. B. 126 F 14343

F 14343

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

34c-97

1. PLACE OF DEATH Baltimore City Hospital

CITY OF BALTIMORE: (No. Baltimore MD46 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Darby

(a) Residence: No. 808 Woodyear St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. Color or Race Black

5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 3-11-85

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
47	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Records City Hospital
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place Mount Zion Date July 12th, 1935

19. UNDERTAKER Joseph A. Lyerly
(Address) 1409 N. Mount Street

20. FILED 12-1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7/35

22. I HEREBY CERTIFY, That I attended deceased from 6-15-34 to 7-7-35

I last saw her alive on 7-7-35 Death is said to have occurred on the date stated above, at 6.50 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilitic Heart Disease	10 yrs
Other contributory causes of importance: Cerebral Arteriosclerosis	unk

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....

(Signed) Robert A Reiter, M. D.

(Address) Baltimore City Hospitals

M. D. B. 1268-9

14344

F 14344

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 159

1. PLACE OF DEATH

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. University Hosp St., 6 P Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby girl Nixon

(a) Residence: No. 631 W Barre St. (Usual place of abode) University Hosp St., 6 P Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	S

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) July 8, 1935

7. AGE Years	Months	Days	If LESS than 1 day, ~~4~~ hrs. or min.
	~~1~~ Stillbirth		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ... 0000

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ...

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) Balto. (State or country) Md.

FATHER

13. NAME William H Nixon

14. BIRTHPLACE (city or town) Rocky Pt (State or country) N Car

MOTHER

15. MAIDEN NAME Matte McLamore

16. BIRTHPLACE (city or town) Rocky Pt (State or country) N Car

17. INFORMANT ...
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 11, 1935

19. UNDERTAKER ...
(Address)

JUL 12 1935 Huntington Williams, MD

20. FILED ..., 19... Registrar.

1557

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 8, 1935

I last saw her alive on July 8, 1935 Death is said to have occurred on the date stated above, at 2:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity - 28 wks	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...

Where did injury occur? ...
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Harold L. Nixon, M. D.

(Address) University Hosp

F 14345

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14345

X V 210-M

CERTIFICATE OF DEATH

1. PLACE OF DEATH Eastern & Falcon Ave

CITY OF BALTIMORE Dead at scene 2 see No (No. St., Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Williams Dearwhite

(a) Residence: No. Fort Howard Maryland St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1912

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	23			

8. Trade, profession, or particular kind of work done, as spinner, weaver, etc. U.S. Army

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (State or country) Gettysburg Pa.

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. DISPOSITION Fort Howard Records

(Address) Fort Howard, Maryland

18. BURIAL, CREMATION, OR REMOVAL Arlington Cemetery July 12 1935

Place Date

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Balto St

FILED 1935 Arlington Virginia Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..... to ....., 19.....

I last saw him alive on Dead 7/10, 1935. Death is said to have occurred on the date stated above, at 9.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured Skull	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/10, 1935

Where did injury occur? Eastern & Falcon Ave (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Motor Cycle collided c

Nature of injury Automobile

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert Kenley Hurt M. D.

(Address) 5142 Park Ave Coroner

M. D. B. 1933

F 14346

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14346

CERTIFICATE OF DEATH

210-M

1. PLACE OF DEATH City Hospital

CITY OF BALTIMORE: (No. ..... St., 76 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Harold Santee

(a) Residence: Fort Mead, Maryland

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

7. DATE OF BIRTH (month, day, year) Dec 4 - 1911

8. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	6	2	

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soldier USA

10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Army

10. Date deceased last worked at this occupation (month, day, and year) 7/10/35

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Mt Pleasant Penna

13. NAME OF FATHER Francis Santee

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME OF MOTHER Minnie P. ?

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Ft Mead Records

(Address) Ft Mead Md

18. BURIAL, CREMATION, OR REMOVAL Washington Pa Date July 12 1935

19. UNDERTAKER Sol Levinson & Bro

(Address) 1127 E Baltimore St

20. FILED JUL 12 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19... to ..... 19.....

I last saw him alive on 7/10/35 19... Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Fracture skull — Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 7/10 1935

Where did injury occur? Eastern Ave & Falls Rd Balto City (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Highway

Manner of injury Struck by auto while on Motorcycle

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) Harlan Bentley Coroner M. D.

(Address) 5142 Park Ave

M. D. F. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14347

CERTIFICATE OF DEATH

F 14347

59

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 816 S. Milton ave St., 1 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Jacob Hartman

(a) Residence: No. 816 S. Milton ave St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Hartman

6. DATE OF BIRTH (month, day, year) aug. 13 1866

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
68	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machine hand Baker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bethlehem Steel Co Sparrows Point

10. Date deceased last worked at this occupation (month and year) May 11 1935

11. Total time (years) spent in this occupation 23

12. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER FATHER

13. NAME George Hartman

14. BIRTHPLACE (city or town) (State or country) Germany.

15. MAIDEN NAME [illegible]

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Margaret Hartman

(Address) 816 S. Milton ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Carmel Cem. Date July 15 1935

19. UNDERTAKER Stephen J. Feathowski

(Address) 1000 S. Kenwood ave

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from May 30 1935 to July 11 1935

I last saw h[illegible] alive on July 11 1935 Death is said to have occurred on the date stated above, at 920 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Diabetis Mellitus.	ca 5/30/34

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? no

23. If death was due to external cause (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) Wm. Thompson M. D.

(Address) 221 Fallsway

M. D. B. 1268-9

✓ F 14348

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14348

CERTIFICATE OF DEATH

80

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3414 Elmley ave 8 Ward)

Length of residence in city or town where death occurred 59 yrs. 11 mos. 10 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ferdiand Schilling

(a) Residence: No. 3414 Elmley St., ... Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Hannah Schilling

6. DATE OF BIRTH (month, day, year) July 16th 1875

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	11	10 24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing

10. Date deceased last worked at this occupation (month and year) 1928

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Ferdiand Schilling

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Mary Starung

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Hannah Schilling

(Address) 3414 Elmley ave

18. BURIAL, CREMATION, OR REMOVAL

Place Baltobern Date July 13 1935

19. UNDERTAKER Geo Schilling & Sons

(Address) 426 Monroe St Huntington Indiana

20. FILED ... 1935 ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10th 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 28 1933 to July 10 1935

I last saw h... alive on July 10 1935 Death is said to have occurred on the date stated above, at 4:30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	7/10/35
Other contributory causes of importance:	
Tabes Dorsalis	?

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No If so, specify ...

(Signed) E. H. Donalek M. D.

(Address) 817 Park Ave.

F 14349

14349

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hosp St., 14 Ward)
(If death occurred in a hospital or Institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME John Miser

(a) Residence: No. 508 Mc Mechen St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jessie.

6. DATE OF BIRTH (month, day, year) 7/1/1899.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36.	-	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tanner's Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME George Miser

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Mattie ?

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT sister
(Address)

18. BURIAL, CREMATION, OR REMOVAL Mt Clubura Cem. July 13-35
Herman Brantley
19. UNDERTAKER 818 Dorcas
(Address) Huntington Williams

21 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/10 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/2 1935 to 7/10 1935

I last saw him alive on 7/10 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1 day
Cerebral Hemorrhage	2 wk

Other contributory causes of importance:

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

M. D. B 1268-9

F 14350

14350

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 186-a

Registered No.....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.16 da. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

2. FULL NAME Louis Lawrance Imwold

(a) Residence: No. Linthicum Heights, Md. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Margaret M. Imwald

7. DATE OF BIRTH (month, day, year) Dec. 31, 1875

AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	6	11	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brick layer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month, day, year) June 25, 1935

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

13. NAME Unknown, Imwold

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Sofie Bin

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs Margaret Imwold

(Address) Linthicum Hights

18. BURIAL, CREMATION, OR REMOVAL

Place Loar Bal Date July 15 1935

19. UNDERTAKER Kemp & Dingle Linthicum Heights, Md.

(Address)

20. FILED 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12.00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dislocation and Fracture 6 Cervical Vertebra	
Toxemia	

Other contributory causes of importance:

Name of operation Open Reduction Date of June 26

What test confirmed diagnosis XRay Was there an autopsy No

23. If death was due to (violence) state the following: Accident June 29, 1935

Accident, suicide, or homicide? Date of injury ....., 19.....

Where did injury occur? Balto. Pure Rye Distillery, Dundalk, Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Industry Dundalk Md.

Manner of injury Fell from scaffoling

Nature of injury Dislocation and Fracture 6cervical Vertebra

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Bricklayer, working on Scaffol

(Signed) R. H. Culton M. D.
Coroner

(Address) 5737 W. North Ave

M. D. B 1268-9

F 14351

14351 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

125-B

CERTIFICATE OF DEATH

Registered No. 21

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) South Baltimore General Hospital (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 53 yrs. 5 mos. 11 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Julia Helen Hassell.

(a) Residence: No. 1143 Riggely. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If ~~married, widowed, or divorced~~ (or) Wife of: William C.N Hassell.

6. DATE OF BIRTH (month, day, year) January 31, 1882

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	5	11 10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME John Gamble.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Julia Fitzpatrick.

16. BIRTHPLACE (city or town) (State or country) Acington, Md.

17. INFORMANT William C.N.Hassell.(son)
(Address) 6406 Arundel Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 13-35

19. UNDERTAKER Margaret E. Flynn
(Address) 1417 Light St.

Huntington Williams Jr. 7/12/35
Registrar.

20. FILED JUL 12 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at 5.20 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Abscesses of the Liver.	
Septicaemia.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Hospital Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Gutmann M. D.
Coroner

(Address) 1017 E. Charles St.

M. D. B. 1268-9

✓ F 14352

14352

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3108 Sisson St., 15 Ward)

Length of residence in city or town where death occurred 19 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Charles A. Tubman

(a) Residence: No. 3108 Sisson St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) March 26 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	50	3	16	15

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery Clerk Mgr.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Grocery Store

10. Date deceased last worked at this occupation (month and year) 8 Mo. 40

11. Total time (years) spent in this occupation 19 yrs.

12. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

FATHER

13. NAME Wm A Tubman

14. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

MOTHER

15. MAIDEN NAME Harriet Tubman

16. BIRTHPLACE (city or town) (State or country) Dorchester Co. Md.

17. INFORMANT Mrs Chas. A. Tubman
(Address) 3108 Sisson St

18. BURIAL, CREMATION, OR REMOVAL
Place Woodlawn Cem. Date July 13 1935

19. UNDERTAKER Joseph Syler
(Address) 1609 W. North Ave

2 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10 1935 to July 11 1935.

I last saw him alive on July 10 1935. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilated Heart Decompensation	June 1935
Cerebral Thrombosis	
Other contributory causes of importance: Failing Heart	Few Mo.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. E. Smith M. D.

(Address) 1605 W. North Ave

M. D. P. 1208-9

14353

F 14353

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 Robb St. St., 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Lifetime yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOHN C. McKENNA

(a) Residence: No. 2537 Robb St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widower

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Mary McKenna

6. DATE OF BIRTH (month, day, year) Nov. 10th. 1850

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
84	7 8	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Street Cleaning Dept.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Hugh McKenna

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Leo McKenna
(Address) 2537 Robb St.

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Cemetery Date July 15th. 35

19. UNDERTAKER Chas. H. Grave & Son
(Address) 118 W. Mt. Royal Ave.

20. FILED [illegible] Huntington Williams & Son

2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th. 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th. 1930 to July 12th. 1935
I last saw h[illegible] alive on July 11th. 35 Death is said to have occurred on the date stated above, at 1 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Hypertrophy	1-15-30

Other contributory causes of importance:

Cardiac dilatation & Pulmonary edema.	7-10-35

Name of operation None Date of

What test confirmed diagnosis Typical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury , 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Rosa E. Enos M. D.

(Address) 28 W 25th St.

14351

✓ F 14354

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 46-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Mem Hosp St. 13 D Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred — yrs. — mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mrs. Thomas Halliday Hoffman

(a) Residence: No. 108 Elmwood Blvd. St. ..... Ward. York, Penn.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of - Dr Thomas H. Hoffman

6. DATE OF BIRTH (month, day, year) Mar 12, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	40		0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) July 3, 1935 - | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Godlob Burger

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Sophia R Smith

16. BIRTHPLACE (city or town) (State or country) Baltimore Co Md

17. INFORMANT Dr Thomas H Hoffman (Address) York Penna

18. BURIAL, CREMATION, OR REMOVAL Place Western Cem Date July 15, 1935

19. UNDERTAKER Geo W Little (Address) 2700 Edmondson Ave

12 1935 Huntington Williams, Mgr

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 12, 1935

I last saw her alive on July 12, 1935. Death is said to have occurred on the date stated above, at 4 20 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Cancer of colon (sigmoid)~~ Carcinoma of sigmoid	Unknown
Other contributory causes of importance:	

Was an operation performed? Yes Date of July 12, 1935

For what disease or injury? Ca Rectum

Name of operation Resection of sigmoid Date of July 5, 35

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Thomas H Hoffman M. D.

(Address) Union Memorial Hospital

M. D. B 1268-9

F 14355

1355

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

186-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. B Nta City Hosp) Ward 24

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Raymond G. Clark. W. Wal x

(a) Residence: No. 3641 Philadelphia Ave Ward. ...

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.

4. Color or Race: W.

5. Single, Married, Widowed or Divorced (write the word): Married

6a. If married, widowed, or divorced: HUSBAND of (or WIFE of) Elizabeth Clark

6. DATE OF BIRTH (month, day, year): Aug 21-1887

7. AGE: Years 47 | Months 10 | Days 13 | If LESS than 1 day, hrs. or min. 11 hr

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Painter House

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Sales

10. Date deceased last worked at this occupation (month and year): July 11-35

11. Total time (years) spent in this occupation: 20 yr

12. BIRTHPLACE (city or town) (State or country): Balto Md

MOTHER FATHER

13. NAME: Wm Clark

14. BIRTHPLACE (city or town) (State or country): Balto Md.

15. MAIDEN NAME: Delia unknown

16. BIRTHPLACE (city or town) (State or country): Cumberland Md

17. INFORMANT: Elizabeth Clark.

(Address) 3641 Phila Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Carmel Date July 13 1935

19. UNDERTAKER: [illegible]

(Address) [illegible]

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19... I last saw h.. alive on ... 19... Death is said to have occurred on the date stated above, at 11.25 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fractured skull Sc.	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 11 1935

Where did injury occur? 3641 Phila Ave. (Specify city or town, county, and State) (his home)

Specify whether injury occurred in industry, in home, or in public place his home

Manner of injury Fell from ladder while painting

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Fell from ladder while painting house

(Signed) W. F. Mengert M. D. Coroner

(Address) 1010 S. Edwards Ave

M. D. P. 1268-9

✓ F 14356

14356 HEALTH DEPARTMENT—CITY OF BALTIMORE

301454

CERTIFICATE OF DEATH

X 121

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 4 mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard Lawson

(a) Residence: No. Norris Lane. Stemmers Run Ward. 710 War.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male.	White	

5a. If married, widowed, or divorced: HUSBAND of / (or) WIFE of

6. DATE OF BIRTH (month, day, year) 7/23/24

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	10	11	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School — None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Gus Lawson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Helen Phippsison

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date July 13 1935

19. UNDERTAKER Lilly & Zeller Inc

(Address) 1133 S. Wolfe St.

20. FILED [illegible] 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 1935, to July 10 1935

I last saw him alive on July 10 1935 Death is said to have occurred on the date stated above, at 12 25 A m.

The principal cause of death and related causes of importance were as follows:

complained of lower abdominal pain on R.L.Q. since July 3 till admission July 8 with vomiting several times day of admission.

Appendectomy performed July 8

Date of onset: 4 Days

Other contributory causes of importance:

Developed high fever 104° & rapid pulse day B.D. to death. At 6 P.M. July 9 T. 106, R. 40, P 160 - Probable septicemia

Name of operation Appendectomy Date of July 8

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) M B Woodhace M. D.

(Address) Johns Hopkins Hospital

AaCo. 5-37 250M

F 14357

14357 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

92-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH E.

CITY OF BALTIMORE: (No. 4123 Lombard St., 76 Ward)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Mary Berta

(a) Residence: No. 4123 E. Lombard St., ... Ward.
(Usual place of abode) (If non resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W.	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Paul Berta

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
about 85			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Poland

FATHER

13. NAME unknown.
14. BIRTHPLACE (city or town) (State or country) Poland

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (city or town) (State or country) Poland

17. INFORMANT Charles Caratti
(Address) 4123 E. Lombard St.

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 15, 1935

19. UNDERTAKER City Funeral Home
(Address) 403 N. Eutaw St.

20. FILED July 15 1935 Effie Lee Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935.

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to July 12, 1935

I last saw her alive on July 11, 1935 and death is said to have occurred on the date stated above, at 3 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	1/10/34

Other contributory causes of importance

Acute Myocarditis Kidneys Diseased	6/20/35

Name of operation — Date of —

What test confirmed diagnosis? None Was there an autopsy? —

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? — Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? — If so, specify —

(Signed) A. E. Hertzler M. D.

(Address) 1401 Eutaw Pl.

M. D. F. 1268-0

14358

301476

✓ F 14358

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 2 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 9th mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Marion Moranski

(a) Residence: No. 1726 E. Gough St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 12/3/34

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
		7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Marion Moranski

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Stella Berginski

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) [illegible] Hosp.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 15 1935

19. UNDERTAKER Fuller & Zeller
(Address) 23 [illegible]

20. FILED 12 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July - 12 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July - 8 . 1935 to July - 12 . 1935

I last saw him alive on July - 12 1935. Death is said to have occurred on the date stated above, at 4:42 A M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Subdural Haematoma	birth
Hydrocephalus Congenital	birth

Other contributory causes of importance:

Name of operation Third Ventriculostomy Date of 7-10-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Edward S. Stafford . M. D.

(Address) The Johns Hopkins Hosp.

M. D. B. 1269-9

14359 **HEALTH DEPARTMENT—CITY OF BALTIMORE** ✓ F 14359

82-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 76 Ward)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Henry Weinbeck

(a) Residence: No. 627 S. Conklin St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	single

6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July. ?/ 1882

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
53			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

13. NAME George Weinbeck

14. BIRTHPLACE (city or town) (State or country) Germany

15. MAIDEN NAME Catherine Klinefelter

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Joeph Weinbeck
(Address) 627 S. Conklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date July. 15 19 35

19. UNDERTAKER Fuller & Zuleger
(Address) 205 S. Monroe

20. FILED 7-17-1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11/35 19

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 . Death is said I last saw h alive on , 19 , to have occurred on the date stated above, at 7.35 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Sub arachnoid haemorrhage	July 11 1935

Other contributory causes of importance:

arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify

(Signed) A. Wright, M. D. Coroner

(Address) 1605 S. Elliott

F 14360

14360 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

46-E

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH Maryland General Hospital

CITY OF BALTIMORE: (No. ..... St., 12 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR No Record

2. FULL NAME Emil H. Zeller

(a) Residence: No. 3203 N. Charles St. St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, year) July 1-1862

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
73	0	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 0045

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Business

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Herman Rockhurst

(Address) 213 W. 29th St

18. BURIAL, CREMATION, OR REMOVAL Place Presbyterian Lorano Date July 18 1935

19. UNDERTAKER William Cook

(Address) 1217 St Paul Street

20. FILED 12 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12- 1935

22. I HEREBY CERTIFY, That I attended deceased from June 21 1935 to July 12 1935

I last saw him alive on July 12 1935 Death is said to have occurred on the date stated above, at 8:55 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of liver	

Other contributory causes of importance:

Sigmoid obstruction due to metastatic carcinoma.

Was an operation performed? No. Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) John W. Bamaby M. D.

(Address) Maryland General Hosp

F 14361

14361 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

Brooklyn 93-C

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 3544- 9th St St., 25 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran give WAR or specify PEACE Record

2. FULL NAME Hedwig Schmick

(a) Residence: No. 3544- 9th St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of John Schmick

6. DATE OF BIRTH (month, day, year) March 26 1873

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62	3	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

10. Date deceased last worked at this occupation (month and year) 1 May 1935

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Frank Sotter

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Wilhelmina Arnold

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Hattie Thompson
(Address) 3544 - 94 St Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
Place Cedar Hill Date July 13 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul St.

12 1935 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11 - 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8- 1935 to 7/10- 1935

I last saw her alive on 7/9 1935 Death is said to have occurred on the date stated above, at 9:30 A.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of Onset 7/5 1935

Other contributory causes of importance:

Diabetes

Was an operation performed? No Date of X

For what disease or injury? X

Name of operation X Date of X

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? X Date of injury X 19

Where did injury occur? X X
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place X X

Manner of injury X X

Nature of injury X X

24. Was disease or injury in any way related to occupation of deceased?

If specify

(Signed) Rene Franke M. D.

(Address) 1340 Charles St.

✓ F 14362

14362 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

94-a

CERTIFICATE OF DEATH

Registered No.....

1. PLACE OF DEATH Homewood Apts.
CITY OF BALTIMORE (No. Charles & 31st. Sts. St., 12 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 93 yrs. 6 mos 5 ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.
If U. S. Veteran specify WAR

2. FULL NAME Susannah R. Calvert

(a) Residence No Charles & 31st. Sts. St. ..... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of John Thomas Calvert

6. DATE OF BIRTH (month, day, year) January 7, 1843

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

FATHER

13. NAME William Robinson
14. BIRTHPLACE (city or town) Baltimore
(State or country) Md.

MOTHER

15. MAIDEN NAME Mary J. Collins
16. BIRTHPLACE (city or town) Baltimore, Md.
(State or country)

17. INFORMANT Mrs. Helen C Blake
(Address) Homewood Apts. Chas. & 31

18. BURIAL, CREMATION, OR REMOVAL
Place Greenmount Cem. Date 7/15/35.

19. UNDERTAKER Howard W Means & Son
(Address) 805 N. Calvert St

20. FILED JUL 21 1935 Huntington Williams, M.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th, 1935.

22. I HEREBY CERTIFY, That I attended deceased from June 28th, 1935 to July 12th, 1935.
I last saw her alive on July 11th, 1935. Death is said to have occurred on the date stated above, at 8:30 A.m.

The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia.
Cardiac and Cerebral Accidents of Senility.
Contributory factors Nursing Care made

Date of onset 7-5-35

Other contributory causes of importance

Was an operation performed? None Date of —
For what disease or injury?
Name of operation — Date of —
What test confirmed diagnosis? Symptoms & Physical Examination Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide — Date of injury — , 19—
Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
No If so, specify —

(Signed) H. Wales Hook M. D.
(Address) 3005 St. Paul St.

14363 HEALTH DEPARTMENT—CITY OF BALTIMORE

E 14363

CERTIFICATE OF DEATH

23

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1822-N. Caroline Street, 9 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. if of foreign birth? XXXXXXXXX ds.

If U. S. Veteran specify WAR

2. FULL NAME HAROLD RIDGELY ROBERTS

(a) Residence: No. 1822-N. Caroline Street, Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rigina Ward Roberts

6. DATE OF BIRTH (month, day, year) May 27, 1887

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48	1	14	XXXXXX

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Police Officer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ridgely, Md.

FATHER

13. NAME John Roberts

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Rigina Ward Roberts
(Address) 1822-N. Caroline Street

18. BURIAL, CREMATION, OR REMOVAL
Place New Cathedral Date 7/13/35 19

19. UNDERTAKER Huntington Williams
(Address) 1735-Harford Ave.

20. 2 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1934 to July 11, 1935

I last saw h. alive on July 10, 1935. Death is said to have occurred on the date stated above, at 12 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	
Other contributory causes of importance:	

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was case confirmed by autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) Wilbur Thomas M. D.

(Address) 3136 Harford Rd

M. D. B 1268-9

F 14364

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14364

CERTIFICATE OF DEATH

183 Registered No.

1. PLACE OF DEATH Found floating off Quarantine

CITY OF BALTIMORE: (No. Marley Neck A.A.Co.Md. St., 2 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 22 yrs. 8 mos 20 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Harry J.Grabewski.

(a) Residence: No. 1425 Reynolds St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 20,1912

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	8	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic, [illegible]

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Chevrolet Motor Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Joseph Grabewski.

14. BIRTHPLACE (city or town) (State or country) Poland.

MOTHER

15. MAIDEN NAME Elizabeth Jelinski.

16. BIRTHPLACE (city or town) (State or country) Poland.

17. INFORMANT Elizabeth Grabewski.(mother)
(Address) 1425 Reynolds St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Rosary Date July 13, 1935

19. UNDERTAKER John M Welsh
(Address) 1401 E. Chestnut st

20. FILED JUL 13 1935 19 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Drowned July 10, 1935 found July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19..., to [illegible], 19...

I last saw h... alive on [illegible], 19... Death is said to have occurred on the date stated above, at 9.10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Sinking of a rowboat.	

Other contributory causes of importance: none

Name of operation None. Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Steinhardt, M. D.
Coroner

7/12/35 (Address) 1017 E. Charles St.

M. D. B 12

F 14365

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

157-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 830 S. Milton Ave St., 1 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Vernon Stefanski (Stefanski)

(a) Residence: No. 830 S. Milton Ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of none

6. DATE OF BIRTH (month, day, year) April 27, 1929

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	6	2	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME John D. Stefanski

14. BIRTHPLACE (city or town) (State or country) Balto Md

MOTHER

15. MAIDEN NAME Alice McCord

16. BIRTHPLACE (city or town) (State or country) Bay St Louis Mississippi

17. INFORMANT Martha McCord (grandmother)

(Address) 832 S. Milton

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Rosary Date July 15, 1935

19. UNDERTAKER John J. Gibbons

(Address) 401 S. Chester St

20. FILED 19 Registrar

L 13 1035

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 9.30 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cyanosis - probably from embolism	July 12
Other contributory causes of importance: mitral stenosis.	4 yrs ago

Name of operation Date of

What test confirmed diagnosis — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) W. W. Wright M. D.

(Address) 1103 S. Edward Ave. Coroner.

F 14366

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14366

CERTIFICATE OF DEATH

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Balto City Hospt St., 16 Ward)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 0 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Myrtle Kent

(a) Residence: No. 1045 W Lanvale St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	black	Single

6. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 3/11/12

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	23	3	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) ? Maryland

FATHER

13. NAME Joe Chase

14. BIRTHPLACE (city or town) (State or country) ? va

MOTHER

15. MAIDEN NAME Cora Kent

16. BIRTHPLACE (city or town) (State or country) ? md

17. INFORMANT Balto City Hospt
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Mt Calvary Cem Date 7/13 1935

19. UNDERTAKER Cayler Sanders & Preston
(Address) 1413 E Monument St Huntington Williams, W. Va.

19 ..... Registrar

F 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-5 1935 to 7-10 1935

I last saw her alive on 7-9 1935 Death is said to have occurred on the date stated above, at 4:55 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a Pulmonary Tuberculosis	7
	9

Other contributory causes of importance: Tuberculosis of left Knee 3-4 yrs. Miliary Tuberculosis Kidneys, Urinary Bladder, Mesentery and intestines

Was an operation performed? no Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 ...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify .....

(Signed) Robt J. Martin M. D.

(Address) Balto City Hospt

✓ F 14367

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14367

CERTIFICATE OF DEATH

46-D

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1038-N.Milton Ave St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME ANDREW G. HOFMANN

If U. S. Veteran specify WAR No

(a) Residence: No. 1038-N.Milton Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

3a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -----

6. DATE OF BIRTH (month, day, year) April 14,1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	27	xxxxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore,Md

FATHER

13. NAME Andrew C. Hofmann

14. BIRTHPLACE (city or town) (State or country) Baltimore,Md.

MOTHER

15. MAIDEN NAME Dora E. Hibline

16. BIRTHPLACE (city or town) (State or country) Baltimore,Md.

17. INFORMANT Andrew C. Hofmann
(Address) 1038-N.Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Redeemer Date 7/15/35 19

19. UNDERTAKER [illegible]
(Address) 1735-Hartford Ave.

Huntington Williams, M.D.
Registrar

7 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/11 19 35

22. I HEREBY CERTIFY, That I attended deceased from 1/14 19 35 to 7/11 19 35

I last saw him alive on 7/10 19 35 Death is said to have occurred on the date stated above, at 7:15 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Colloid Carcinoma of Rectum	
Other contributory causes of importance:	
Acute Cardiac Dilatation	

Was an operation performed? Yes Date of Jan 1935

For what disease or injury? None

Name of operation Sigmoidoscopy Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury 19

Where did injury occur? No
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place No No

Manner of injury

Nature of injury —

21. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Ingle Fitzman M. D.

(Address) 1304 Eutaw Place

M. D. B. 1268-9

F 14368

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14368

164-a

CERTIFICATE OF DEATH

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2706 Evergreen Ave St., 27 Ward)

Length of residence in city or town where death occurred 39 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Gladys La Course

(a) Residence: No. 2706 Evergreen Ave St., ... Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Anthony La Course

6. DATE OF BIRTH (month, day, year) [illegible] 1896

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Neil North

14. BIRTHPLACE (city or town) (State or country) Baltimore Md.

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) ?

17. INFORMANT Anthony La Course

(Address) 319 Selma Ave - Halethorpe, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Date July 13 1935

19. UNDERTAKER Richard F. Cuddy Inc.

(Address) 7802 North Ave.

20. FILED JUL 13 1935, 19 Huntington Williams Registrar. N.D.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carbon Monoxide Poisoning (Asphyxia)	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis Anvil Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide Suicide Date of injury July 11, 1935

Where did injury occur? 2706 Evergreen Ave.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of injury Put gas pipe in mouth and turned on gas

Nature of injury Carbon Monoxide Poisoning - Asphyxia

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.

(Signed) Paul Wheeler, M. D.

Coroner

(Address) 1919 E. North Ave

M. D. B 1268-9

F 14369 ✓ F 14369

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

38

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. [illegible] St., 10 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara Fricke (BARBARA WEBER FRICKE)

(a) Residence: No. 801 Gisquith St., Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry W. L. Fricke

6. DATE OF BIRTH (month, day, year) 12/23/95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
39	40	5 6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 037

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York.

FATHER

13. NAME Lawrance Walker

14. BIRTHPLACE (city or town) (State or country) Germany.

MOTHER

15. MAIDEN NAME Anna ?

16. BIRTHPLACE (city or town) (State or country) Germany.

17. INFORMANT Records.

(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cemetery Date July 13, 1935

19. UNDERTAKER HENRY SANDER & SONS, INC. Per [illegible]

(Address) Baltimore & Broadway.

20. FILED 13 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 11, 1935

I last saw h[illegible] alive on July 11, 1935. Death is said to have occurred on the date stated above, at 8 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Estivo-autumnal Malaria	6-30-35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Blood smear Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19[illegible]

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Wardell B. Allan M. D.

(Address) Johns Hopkins Hospital

H. D. B. 4268-B F 14370

F 14370

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. 748 Orfolan St., 17 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.
If U. S. Veteran specify WAR

2. FULL NAME Adam Blacknall
(a) Residence: No. 748 Orfolan St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. Color or Race: Col.
5. Single, Married, Widowed, or Divorced (write the word): Widowed
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of
6. DATE OF BIRTH (month, day, year): Dec 18 1879
7. AGE: Years 55 | Months 6 | Days 22 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Va.

FATHER
13. NAME: Blacknall
14. BIRTHPLACE (city or town) (State or country): Va.

MOTHER
15. MAIDEN NAME: unknown
16. BIRTHPLACE (city or town) (State or country): Va.

17. INFORMANT (Address): Bertha Finks 748 Orfolan St.
18. BURIAL, CREMATION, OR REMOVAL: Place Mt Auburn Cem Date 7/13/ 1935
19. UNDERTAKER (Address): Frances A Hemsley 578 W. Baltimore St.
20. FILED JUL 13 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 10 1935
22. I HEREBY CERTIFY, That I took charge of the remains of the deceased above, held an (Inquest, Autopsy or Inquiry) thereon and from the evidence obtained by said (Inquest, Autopsy or Inquiry) and that said deceased came to death on the day stated above. about 9 am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Was an operation performed? Date of
For what disease or injury?
Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) [illegible] Coroner M. D.
(Address) 216 Fallsway

M. D. F. 126

F 14371

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14371 ✓ 1919 E Nort 115-a

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sydenham Hospital St., 3 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Bernard Bohlman

(a) Residence: No. 2266 Woodbury Ave St., ... Ward.
(Usual place of abode) Same (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 4- 1930

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	5	5	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

FATHER

13. NAME Bernard Bohlman

14. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

MOTHER

15. MAIDEN NAME Myrtle Fowler

16. BIRTHPLACE (city or town) (State or country) Calvert Co Maryland

17. INFORMANT Henry Watson Aid Society
(Address) 31 South Calvert St

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Date July 13 1935

19. UNDERTAKER William Cook
(Address) 1217 St Paul Street

Filed ... 19 ... Huntington Williams
Registrar.

137935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at 9:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertrophied Tonsils	

Other contributory causes of importance:

Hemorrhage; Shock -

Name of operation Tonsilectomy Date of July 11-35

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
— If so, specify

(Signed) Paul Schenker M. D.
Coroner
(Address) 1919 E. North Ave.

M. D. B. 1268-9

F 14372

F 14372 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X131

1. PLACE OF DEATH Provident Hospital — Registered No.

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave St., 14th Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Estella Dorsey

(a) Residence: No. Box 3 Mt Airy St., Maryland (Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Col	married

3a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clarence A Dorsey

6. DATE OF BIRTH (month, day, year) 1884 5-11

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	51	2	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Carroll Co Maryland

MOTHER FATHER

13. NAME Lawson Plummer

14. BIRTHPLACE (city or town) (State or country) Howard Co Md.

15. MAIDEN NAME Eliza Spence

16. BIRTHPLACE (city or town) (State or country) Howard Co Md.

17. INFORMANT Clarence A Dorsey (Address) Mt Airy, Md

18. BURIAL, CREMATION, OR REMOVAL Frederick County Date July 13 1935

19. UNDERTAKER C M Frailey (Address) Thurmont Md

Huntington Williams

Registrar

JUL 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-17 1935 to 7-13 1935

I last saw h alive on 7-13 1935 Death is said to have occurred on the date stated above, at 6.45 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Gangrene of Rt Foot	
Cerebral Sclerosis	
Other contributory causes of importance:	
Hypertension Cardiac Muscular Renal Disease	

Name of operation Amputation Rt Leg Date of 7-7-35

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E B Harris M. D.

(Address) Provident Hosp

F 14373 F 14373

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH.

✓ 92-a

REGISTERED NO. C

1 PLACE OF DEATH In Garage
CITY OF BALTIMORE (No. 3300 Block Burley Ave 33rd ST. 12 WARD)
2 FULL NAME Henry H. Stricker
(Residence in Baltimore: No. 241 South Way — St.; yrs., mos. ds.

(If death occurred in a hospital or institution give its NAME instead of street and number and fill out No. 18.)

PERSONAL AND STATISTICAL PARTICULARS.

3-SEX: Male
4-COLOR OR RACE: White
5-SINGLE, MARRIED, WIDOWED, OR DIVORCED, (Write the word.): Widowed
6-DATE OF BIRTH, April (Month) 3 (Day) 1835 (Year)
7-AGE, 77 yrs. 4 mos. 8 ds.
If LESS than 1 day, ...hrs. or ....min.?
8-OCCUPATION: (a) Trade, profession, or particular kind of work ..... (b) General nature of industry, business, or establishment in which employed (or employer) Retired
9-BIRTHPLACE, (State or Country), Baltimore Md.

PARENTS.
10-NAME OF FATHER, John G. Stricker
11-BIRTHPLACE OF FATHER (State or Country), Germany
12-MAIDEN NAME OF MOTHER Anna Pultz
13-BIRTHPLACE OF MOTHER (State or Country), Germany

14-THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.
(Informant) Mrs. Daisy Stricker
(Address) 317 E. 33rd Street

15-
Filed. 1935 191... (Registrar.)

L 13 1935 Huntington for Williams, M.D.

CORONER'S CERTIFICATE OF DEATH.

16-DATE OF DEATH, July (Month) 11 (Day) 1935 (Year)

17- I HEREBY CERTIFY, That I took charge of the remains described above, held an Inquest (Inquest, autopsy or inquiry) thereon and from the evidence obtained by said Inquest (Inquest, autopsy or inquiry.) find that said deceased came to his death on the day stated above.
The CAUSE OF DEATH* was as follows:
Chronic Valvular Heart Disease
(Duration) ... yrs. ... mos. ...
CONTRIBUTORY (Secondary)
(Duration) ... yrs. ... mos. ...
(Signed) [illegible] M. D.
(Coroner.) Coroner
..., 191... (Address) ...

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18-LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS).
At place of death ...yrs. ...mos. ...ds. In the State ...yrs. ...mos. ...ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19-PLACE OF BURIAL, OR REMOVAL, London Park Cem.
DATE OF BURIAL, July 13, 19...
20-UNDERTAKER Josiah Syfer
ADDRESS 1600 N. Wolfe

Spec.—1-30—M. & T.—250—Bks.

F 14374

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14374

CERTIFICATE OF DEATH.

V 172-B

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1-PLACE OF DEATH

CITY OF BALTIMORE: (No. 818 Warren ST., 72 WARD)

2-FULL NAME Darkus Parrin

(a) RESIDENCE NO. 818 Warren ST., WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
F.	Black	Widow

5a If married, widowed, or divorced HUSBAND of or) WIFE of John Parrin.

6 DATE OF BIRTH (month, day, and year) May 30, 1868

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	1	11	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Home work

(b) General nature of industry, business, or establishment in which employed (or employer) do

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country) Calvert Co Md.

PARENTS

10 NAME OF FATHER Thom Boon.

11 BIRTHPLACE OF FATHER (city or town) (State or country) Md.

12 MAIDEN NAME OF MOTHER Mary Gray.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Md.

14 Informant Son. (Address) 818 Warren St

15 Filed JUL 13 1935 Arlington Williams M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) July 11/35

17 I HEREBY CERTIFY, That I attended deceased from April 29, 1935 to July 11, 1935.

that I last saw h[illegible] alive on July 11, 1935.

and that death occurred, on the date stated above, at 8 a. m.

The CAUSE OF DEATH* was as follows:

Intestinal Obstruction (Ac

(duration) yrs. mos 6 ds.

CONTRIBUTORY (Secondary) Senility

(duration) yrs. mos. ds.

18 Where was disease contracted if not at place of death? ~

Did an operation precede death? No Date of ~

Was there an autopsy? No

What test confirmed diagnosis? Clinical Findings

(Signed) G. Bowers Hanna[illegible] M. D.

, 19 (Address) 100 E. 20th St.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Parker Creek - Calvert Co

DATE OF BURIAL July 14 1935

20 UNDERTAKER Walter E. Speiser

ADDRESS 824 W. Baltimore St.

M. D. F. 1200 M F 14375

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14375

CERTIFICATE OF DEATH

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 7 Ward)

Length of residence in city or town where death occurred 69 yrs. mos. ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Helen Goldsmith

(a) Residence: No. Sinai Aged Home St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced WIFE of (or) HUSBAND of Max Goldsmith

6. DATE OF BIRTH (month, day, year) July 13, 1862

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupatinn

12. BIRTHPLACE (city or town) (State or country) Tell City Ind.

FATHER

13. NAME Bernard Kahn

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Amelia Lowenthal

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mrs. B. Haas
(Address) 935 Bucks Lane

18. BURIAL, CREMATION, OR REMOVAL
Place Ohr Shalom Cy Date July 15, 35

19. UNDERTAKER Abrid Sachs Sinai & Son
(Address) 902 Eutaw Pl.

FILED JUL 15 1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/35

22. I HEREBY CERTIFY, That I attended deceased from 6/12, 1935, to 6/13, 1935

I last saw h[illegible] alive on 6/13, 1935. Death is said to have occurred on the date stated above, at 2.00 A.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Pulmonary Edema	
Arteriosclerosis	
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Paul E. Carlens M. D.

(Address) Sinai Hospital

M. D. P. 1934-9

F 14376

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14376

301336

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Florence Way.

(a) Residence: No. Laurel md St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	Black	married

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Rous

6. DATE OF BIRTH (month, day, year) 10/12/99

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	35	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 037

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Albert Moore

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Laura Nicholson

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records.
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Evans Chapel Date 7/15 1935

19. UNDERTAKER Ridgley & Lebby
(Address) Laurel md

20. FILED 7-17-1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July-12 1935

22. I HEREBY CERTIFY, That I attended deceased from July-5 1935 to July-12 1935

I last saw her alive on July-12 1935 Death is said to have occurred on the date stated above, at 7 12 m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction (due to adhesions	July 2-35
Post-operative paralytic ileus	July 6-35
Atelectasis & lobular pneumonia of both lower lobes	July 9 35

Other contributory causes of importance:

Name of operation Release of adhesions Date of July 5-35

What test confirmed diagnosis? operation & autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify,

(Signed) David H. Spring Jr. M. D.

(Address) Johns Hopkins Hospital

M. D. F 1268-9

F 14377

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14377

CERTIFICATE OF DEATH

✓ 22 a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Agnes Hospital St., 70 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mns. ds.

2. FULL NAME Evelyn L. Abrigail Browning

(a) Residence: No. 309 Fauquier ave St., Gwynns Falls Ward.

(Usual place of abode) (If non-resident give city or town and State)

X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Divorced

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of: Brownings

6. DATE OF BIRTH (month, day, year): 5/1 1911

7. AGE: Years 24; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: mill

10. Date deceased last worked at this occupation (month and year): 5/9

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Baltimore Md.

FATHER

13. NAME: John W. Abrigill

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Blanch McCulloh

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Father John Abrigill)

(Address) 309 Fauquier ave

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Lawn Date 7/15 1935

19. UNDERTAKER Edw Toulson

(Address) 1949 Edmondson Ave

Filed 8 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, that I attended deceased from , 19 , to , 19

I last saw h alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Tetanus, following explosion of fire crackers while sitting in hammock with feet hanging down struck backs of both legs

Date of onset

Other contributory causes of importance:

Infection.

Name of operation Opened both legs Date of 7/10

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide accidental Date of injury July 4 1935

Where did injury occur? Whitneys Landing

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place at a friends home

Manner of injury Fire cracker explosion

Nature of injury Burned & Torn

24. Was disease or injury in any way related to occupatinn of deceased? no If so, specify

(Signed) Thos H Kirkley M. D.

Coroner

(Address) 1939 Edmondson Ave

F 14378 F 14378

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 59

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2327 Arunah Ave 16 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 59 yrs. ... mos. ... da. How long in U. S. If of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clarissa M. A. Poole

If U. S. Veteran specify WAR .....

(a) Residence: No. 2327 Arunah Ave Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Walter A. Poole

6. DATE OF BIRTH (month, day, year) Sept 28, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	59	9	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Hagerstown Md.

FATHER

13. NAME Charles Lehman

14. BIRTHPLACE (city or town) (State or country) Balto Md.

MOTHER

15. MAIDEN NAME Caroline L. Lehman

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT Walter A. Poole

(Address) 2327 Arunah Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 15, 1935

19. UNDERTAKER John W. Geipel & Son

(Address) 801 W. Fayette St

19a. I.D. .....

JUL 13 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY—That I attended deceased from April, 1935, to July 12, 1935

I last saw her alive on July 11, 1935. Death is said to have occurred on the date stated above, at 4.30 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	6 yrs

Other contributory causes of importance: Cardiac Complications

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of Injury — , 19—

Where did Injury occur? —

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place —

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify. —

(Signed) E. L. French M. D.

(Address) 2327 Arunah Ave

M. D. F 14379 F 14379

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Sinai Hospital St., 76 Ward) Registered No. 1159

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. 14 hrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Sparrowsen

(a) Residence: No. Sinai Hospital St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) July 11, 1935

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
				14 hrs.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto, Md.

FATHER

13. NAME Boy Sparrowsen

14. BIRTHPLACE (city or town) (State or country) Balto, Md.

MOTHER

15. MAIDEN NAME Mary Sullivan

16. BIRTHPLACE (city or town) (State or country) Balto, Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place J. H. Mt. Olivet Cem. Date July 13, 1935

19. UNDERTAKER

(Address)

20. FILED 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1935, to July 12, 1935

I last saw h[illegible] alive on July 12, 1935 Death is said to have occurred on the date stated above, at 11.55 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Samuel Dicker, M. D.

(Address) Sinai Hospital

M. D. F. 1268-0

F 14380

14280

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 131

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2006 Whittier Ave St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S. If of foreign birth? 45 yrs. mos. ds.

2. FULL NAME Maria Serio

(a) Residence: No. 2006 Whittier Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. Sex: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of late Salvatore Serio

6. DATE OF BIRTH (month, day, year): Sept. 11 1851

7. AGE: Years 83 | Months 10 | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 0000

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

FATHER

13. NAME: Giuseppe D'Antoni

14. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

MOTHER

15. MAIDEN NAME: Rosaria Piazza

16. BIRTHPLACE (city or town) (State or country): Cefalu' Italy

17. INFORMANT (Address): Frank Serio 107 Mallow Hill Ave

18. BURIAL, CREMATION, OR REMOVAL. Place: New Cathedral Date: July 15 19 35

19. UNDERTAKER (Address): Frank Della Rocca 52 N. Morley St.

FILED 14 1935 Huntington Town Williams Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July, 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July, 1, 1935 to July, 11, 1935

I last saw her alive on July 9, 1935 Death is said to have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio-Vascular-Renal disease.	[illegible]
Chronic nephritis C Uremia.	July 1, 1935

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. A. Iannicelli M. D.

(Address) Medical Arts Bldg

M. D. F 1268-9

F 14381

4381

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

207-9

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto & near East Ave St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Ernest Clarence Smith

(a) Residence: No. 809 Powers St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Mamie

6. DATE OF BIRTH (month, day, year) Feb 1 1883

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	52	5	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakeman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Penn. Rail Road Co

10. Date deceased last worked at this occupation (month and year) Feb 12 35

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (city or town) (State or country) Hertford Balto Co. Maryland.

FATHER

13. NAME Andrew J. Smith

14. BIRTHPLACE (city or town) (State or country) Hertford Md

MOTHER

15. MAIDEN NAME Mary Frances Merriman

16. BIRTHPLACE (city or town) (State or country) Algren Md.

17. INFORMANT Joseph M. Smith
(Address) Hamilton Ave 34th Co.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Olivet Cem. Date July 15 1935

19. UNDERTAKER Watts Davis
(Address) 3418 Eastern Ave.

20. FILED 7-15-35 Huntington Millard, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ... 19... to ... 19...

I last saw h— alive on ... 19... Death is said to have occurred on the date stated above, at 8-15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Crushed chest - fracture of ribs sternum - spine &c	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accident Date of injury July 12 1935

Where did injury occur? Balto Md.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Public Place - Balto Co. tracks of Penn R.R. near Town

Manner of injury Slipped & fell under moving freight Car

Nature of injury fracture of spine &c

24. Was disease or injury in any way related to occupation of deceased? Yes If so, specify Brakeman on duty

(Signed) V. M. Wright Coroner M. D.

(Address) 1010 S. Ellwood Ave

F 14382

M. D. P. 1268-9

14382

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

Registered No. 120

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Provident Hosp St. 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Eugene Blackman

(a) Residence: No. 1626 Dimson St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Aa	Single

3a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	26			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) S. Carolina

FATHER

13. NAME Henry Blackmon

14. BIRTHPLACE (city or town) (State or country) Lancaster S. C.

MOTHER

15. MAIDEN NAME Julia ? Mackey

16. BIRTHPLACE (city or town) (State or country) Lancaster S. C.

17. INFORMANT Joseph Blackman

(Address) 920 Calhoun St.

18. BURIAL, CREMATION, OR REMOVAL.

Place Lancaster S. C. Date July 18 35

19. UNDERTAKER Mrs Lottie R. Williams

(Address) 322 N. Schroeder St.

Huntington Williams, Jr.

Registrar

JUL 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-5 . 1935 . to 7-10 . 1935

I last saw him alive on 7-10 . 1935 . Death is said to have occurred on the date stated above, at 5:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhagic Enterocolitis of undetermined origin	6-26-35

Other contributory causes of importance:

Name of operation Lab Date of

What test confirmed diagnosis? Lab Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Calvin Blue Compte M. D.

(Address) Provident Hosp

F 14383

14383 **HEALTH DEPARTMENT—CITY OF BALTIMORE**

CERTIFICATE OF DEATH

91-a

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Union Memorial Hosp St., 17 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 25 ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. 26 ds.

If U. S. Veteran specify WAR .....

2. FULL NAME James Chambers

(a) Residence: No. Rancagua, Chile, So. Am. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	married

5a. If married, widowed or divorced, HUSBAND of (~~or WIFE of~~) Leah R. Chambers

6. DATE OF BIRTH (month, day, year) Dec. 7 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	7	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Superintendent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railroad

10. Date deceased last worked at this occupation (month and year): Mar. 1935

11. Total time (years) spent in this occupation: 24

12. BIRTHPLACE (city or town) (State or country): Michigan

FATHER

13. NAME: ? Chambers

14. BIRTHPLACE (city or town) (State or country): Ireland

MOTHER

15. MAIDEN NAME: Bridget Tuhey

16. BIRTHPLACE (city or town) (State or country): Ireland

17. INFORMANT: Mrs. C. Richardson.

(Address) Rancagua, Chile, So. Am.

Date: July 14 1935

Place: Pleasantville NY

19. UNDERTAKER: Wm. Tucker Sons

(Address) North & Paca Sts.

20. FILED: JUL 14 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1935, to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 5:00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis (organism, Streptococcus Viridans) with Septicaemia.	March '35

Other contributory causes of importance:

Was an operation performed? no Date of —

For what disease or injury? —

Name of operation — Date of

What test confirmed diagnosis? Blood culture Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no. If so, specify .....

(Signed) M. M. Copeland M. D.

(Address) Union Memorial Hosp.

M. D. B. 1268-9

14384

F 14384

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Eutaw Pl. • Chauncey Ave. St., 19 Ward)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Friedman

(a) Residence: No. 2408 Linden Ave. Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced — HUSBAND of (or) WIFE of: Ceppy Friedman

6. DATE OF BIRTH (month, day, year): 1860

7. AGE — Years: 75 | Months: | Days: 2 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Gradna Russia

FATHER

13. NAME: Simon —

14. BIRTHPLACE (city or town) (State or country): Russia

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Russia

17. INFORMANT (Address): Mrs Annie Friedman 2408 Linden Ave

18. BURIAL, CREMATION, OR REMOVAL — Place: Bello Hebrew Date: 7-14-35, 19

19. UNDERTAKER (Address): Jack Levin Inc 1432 E. Baltimore Huntington Village, Md

20. FILED 7-14 1935, 19 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on Injury 19 Death is said to have occurred on the date stated above, at m

The principal cause of death and related causes of importance were as follows:

Date of onset

apoplexy

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D.
Coroner

(Address)

14385 F 14385

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH 12 47-C

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hospt St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 45 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Edmund Street

If U. S. Veteran specify WAR .....

(a) Residence: No. 3105 St. Paul St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Virginia Street

6. DATE OF BIRTH (month, day, year) Nov. 5, 1871

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	63	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist ? 20

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?

10. Date deceased last worked at this occupation (month and year) 1930

11. Total time (years) spent in this occupation 27?

12. BIRTHPLACE (city or town) (State or country) ? Baltimore Maryland

MOTHER FATHER

13. NAME John Street

14. BIRTHPLACE (city or town) (State or country) ? Md

15. MAIDEN NAME Fannie Oldfield

16. BIRTHPLACE (city or town) (State or country) ? Md

17. INFORMANT (Address) Balto City Hospt, Record

18. BURIAL, CREMATION, OR REMOVAL Place Parkwood Cem. Date July 15 1935

19. UNDERTAKER Henry W. McAuliffe (Address) 825 N. Calvert St

1935 Huntington Williams, Inc. RPR

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-3-35 19.. to 7-13 1935

I last saw him alive on 7-12 1935 Death is said to have occurred on the date stated above, at 5 35 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Trachea	6 Mos
Other contributory causes of importance: Malnutrition	?

Was an operation performed? yes Date of 7-11-35

For what disease or injury? Carcinoma of Trachea

Name of operation Gastrostomy Date of 7-11-35

What test confirmed diagnosis? Bronchoscopic Exam Was there an autopsy?

23. If death was due to external causes (violence) state the following:

Accident, suicide, or homicide? Date of injury .. 19..

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. J. Martin M. D.

(Address) Balto. City Hospt

M. D. P. 1268-9

F 14386

14386

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

v 137

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth yrs. mos. ds.

2. FULL NAME Robert ~~Finster~~ FINSTER

(a) Residence: No. 2910 W North ave St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
m	w	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of late Emilie Finster

6. DATE OF BIRTH (month, day, year) Jan 8 ~~July 8~~ -1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	6	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steward

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Steamship

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unk

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT Mrs Ella Worthen
(Address) 2910 W North ave

18. BURIAL, CREMATION, OR REMOVAL
Place Loudon Park Date July 16. 1935

19. UNDERTAKER Geo L Beyard
(Address) 1611 Pennsylvania ave Baltimore Md

20. FILED 1935 Registrar.

14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1. 1935 to July 12. 1935

I last saw him alive on July 12. 1935 Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prostatic Hypertrophy	1932
Terminal Pneumonia	7/11/35
Other contributory causes of importance:	
Cystitis	May 1935

Name of operation Suprapubic Cystotomy Date of 7/3/35

What test confirmed diagnosis Surgical & Path. Was an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Arthur G Swinnoki M. D.

(Address) University Hospital

F 14387

M. D. P. 1268-9

F 14387 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

49-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH St. Agnes Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton Ave St., 9 Ward)

Length of residence in city or town where death occurred yrs. mos ds. How long in U. S. If of foreign birth yrs. mos ds.

2. FULL NAME Mrs. Helen Nicholson

(a) Residence: No. 113 S. Fouden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lewis Nicholson

6. DATE OF BIRTH (month, day, year) Mar 1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	8		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife own

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Waldron

14. BIRTHPLACE (city or town) (State or country) Not known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Not Known

17. INFORMANT Harry Nicholson

(Address) 2401 Madison Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 14, 1935

19. UNDERTAKER Mrs. E. Miller & Son

(Address) 3334 Eutaw St.

20. FILED July 15, 1935 Waiting for Will Registrar. MM

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 6 1935 to July 11 1935

I last saw h alive on July 11, 1935. Death is said to have occurred on the date stated above, at 12 noon

The principal cause of death and related causes of importance were as follows:

	Date of onset
Ca of Rt Ovary	1934
Carcinomatosis	
Other contributory causes of importance	
Pelvic abscess	7-35
Secondary anemia	

Name of operation Exploratory Laparotomy Date of operation 7-10-35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Edgar Stamps, M. D.

(Address) St Agnes Hosp

M. D. B 1268-9

F 14388

4388

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

112

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 7 Ward)

Length of residence in city or town where death occurred 48 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William Barnes

(a) Residence: No. 1617 Millerman St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widower

5a. If married, widowed, or divorced
HUSBAND of
(or WIFE of) ?

6. DATE OF BIRTH (month, day, year) 1887

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland

FATHER

13. NAME William H. Barnes

14. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

MOTHER

15. MAIDEN NAME Minnie Johnson

16. BIRTHPLACE (city or town) St. Mary's County
(State or country) Maryland

17. INFORMANT Eliza Banks
(Address) 1315 Brunt St.

18. BURIAL, CREMATION, OR REMOVAL 35
Place Mt Calvary Date 7/15 19

19. UNDERTAKER Wm A Jackson
(Address) 916 Bernard

20. FILED 7-14-1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Asthma	
Other contributory causes of importance:	
Cardiac Failure	

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Paul Schenker Coroner . M. D.

(Address) 1912 North Ave.

14389 F 14389

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2315 W. Lanvale St. St., 16 Ward)

Length of residence in city or town where death occurred 50 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR None

2. FULL NAME Amos Dordey Worthington

(a) Residence: No. 2315 W. Lanvale St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	white	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ----

6. DATE OF BIRTH (month, day, year) 11/17/63

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	71	7	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

FATHER

13. NAME Amos D. Worthington

14. BIRTHPLACE (city or town) (State or country) Howard Co. Md.

MOTHER

15. MAIDEN NAME Harriet Dorsey Hall

16. BIRTHPLACE (city or town) (State or country) A.A.Co. Md.

17. INFORMANT (Address) Miss. Harriet E. Worthington 2315 W. Lanvale St.

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Cemy. 7/15/35 19

19. UNDERTAKER (Address) John O. Mitchell Bond. 1900 Eutaw Place

20. FILED ... Registrar. Fenwick Williams, M.D.

14 1935 # 1077

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 13 1935

I last saw him alive on July 13 1935 Death is said to have occurred on the date stated above, at 4 3/4 m.

The principal cause of death and related causes of importance were as follows:

	Date at onset
Cardiac Fibrillation	July 10/35
Other contributory causes of importance:	
A Chronic Pancreatic Nephritis	

Was an operation performed? no Date of -

For what disease or injury?

Name of operation Date of -

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Browning Richardson, M. D.

(Address) 2329 Arunah Ave.

M. D. B 1268-9

14390 F 14390

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Drowned at Marley Neck G.G.Co. Md

CITY OF BALTIMORE: (No. Floating off Quarantine. St., 7th Ward)

Length of residence in city or town where death occurred 28 yrs. 3 mos. 25 ds. How long in U. S. If of foreign birth? ..yrs. ..mos. ..ds.

2. FULL NAME Anton H. Dasch.

(a) Residence: No. 3419 O'Donnell. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, HUSBAND of Marian Dasch.

6. DATE OF BIRTH (month, day, year) March 15, 1907

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	28	3	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME Henry Dasch.

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Annie Stoewer.

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

17. INFORMANT Marian Dasch. (wife)
(Address) 3419 O'Donnell. St.

18. BURIAL, CREMATION, OR REMOVAL
Place St. Marchers Cem. Date July 14, 1935

19. UNDERTAKER George W. Zirkler
(Address) 1737 E. Eager St

20. FILED 7 14 1935 Huntington Williams, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Drowned July 10, 1935 Found July 12, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 9.10 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning	
Sinking of a rowboat.	

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Inquest Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Chas. Reinhardt Coroner M. D.

7/13/35 (Address) 1017 E. Charles St.

M. D. B. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14391

14291

CERTIFICATE OF DEATH

94-B

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. UNIVERSITY HOSP. St. 15 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME LOUIS F. HARTMAN War Veteran - No Record

(a) Residence: No. 1643 McKEAN AVE St. Ward

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
MALE	WHITE	MARRIED.

5a. If married, widowed or divorced HUSBAND of Mary E. Hartman

6. DATE OF BIRTH (month, day, year) Feb 11 1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	5	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Crook Bakery

10. Date deceased last worked at this occupation (month, year) 1931

11. Total time (years) spent in this occupation 6-

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Harry M. Hartman

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Eva E. Isenrote

16. BIRTHPLACE (city or town) (State or country) Balto Md

17. INFORMANT (Address) Mary E. Hartman 1643 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL Place London Park Date July 15 1935

19. UNDERTAKER (Address) Wm Cook 1217 St Paul St

20. FILED 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-3 1935 to 7-12 1935

I last saw him alive on 7-12 1935 Death is said to have occurred on the date stated above, at 9:05 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CORONARY OCCLUSION	1 MO.

Other contributory causes of importance

Name of operation NONE Date of

What test confirmed diagnosis? CLINICAL Was there an autopsy? YES

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) M. D.

(Address) University Hospital

Spec.—6-9-19—H. P. Co.—1000 Blks.

14392

HEALTH DEPARTMENT—CITY OF BALTIMORE

✓ F 14392

CERTIFICATE OF DEATH

93c

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 444 Whitridge Ave. (Ward) 17

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and No.) No Record

2-FULL NAME George A. Martin

(a) RESIDENCE. No. 444 Whitridge Ave (Ward)

(Usual place of abode)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 ~~Single, Married~~, Widowed, or Divorced (write the word): Widowed

5a If ~~married~~, widowed, or ~~divorced~~, HUSBAND of (or ~~WIFE~~ of): Josephine C. Martin

6 DATE OF BIRTH (month, day, and year): May 27th 1858

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	15	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Cabinet Maker 0014

(b) General nature of industry, business, or establishment in which employed (or employer): United Railways

(c) Name of employer

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: James Martin

11 BIRTHPLACE OF FATHER (city or town) (State or country): Unknown

12 MAIDEN NAME OF MOTHER: Mary Hopkins

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Unknown

14 Informant: Wm H. Schaefer

(Address): Munsey Building

15 Filed 1935, 19 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 12th 1935

17 I HEREBY CERTIFY That I attended deceased from June 7, 1935, to July 12, 1935, that I last saw h~~im~~ alive on July 11, 1935, and that death occurred, on the date stated above, at 12¹⁵ a. m.

The CAUSE OF DEATH* was as follows:

Myocarditis

(duration) 2 yrs X mos. V ds.

CONTRIBUTORY (Secondary): Pulmonary Edema

(duration) — yrs — mos. 3 ds.

18 Where was disease contracted if not at place of death? a

Did an operation precede death? No Date of

Was there an autopsy? no

What test confirmed diagnosis? Physical Exam

(Signed) Jerd Sanford, M. D.

19 (Address) 2307 Eutaw Pl

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: London Park — DATE OF BURIAL: July 15th 1935

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St. Paul St

THIS is very important. See instructions on back of certificates.

14393 E 14393

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1541 N. Carolina St., 6 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. ... mos. ... da. How long in U. S. if of foreign birth? ... yrs. ... mos. ... da.

2. FULL NAME Clarence B Clark

If U. S. Veteran specify WAR ... Record

(a) Residence: No. 1541 N. Carolina St., ... Ward

(Usual place of abode) Life (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of Mary A Clark

6. DATE OF BIRTH (month, day, year) June 1- 1890

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
45	1	11 2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. A Goverment

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Albert A Clark

14. BIRTHPLACE (city or town) (State or country) unknown

MOTHER

15. MAIDEN NAME Cora Abbott

16. BIRTHPLACE (city or town) (State or country) Maine

17. INFORMANT Mrs Mary A Clark

(Address) 1541 N. Carolina

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date July 16 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED 14 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1935 to July 12 1935

I last saw h im alive on July 11 1935 Death is said to have occurred on the date stated above at 9:20 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage and Hemiplegia	6/2/35
Other contributory causes of importance	
Epilepsy	1932

Was an operation performed? No. Date of ...

For what disease or injury? ...

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ...

(Signed) Albert G Singewald M. D.

(Address) 1602 E. Monument

14394 F 14394

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-W

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 608 N. Kenwood Ave Ward) 7

Registered No. ____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 72 yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Annie E. Graves

If U. S. Veteran specify WAR No

(a) Residence: No. 608 N. Kenwood Ave Ward. ____

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Female	White	Widowed

5a. ~~If married, widowed, or divorced~~ ~~HUSBAND~~ (or) WIFE of George G. Graves

6. DATE OF BIRTH (month, day, year) April 1st 1863

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
72	3	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Thomas Elliotte

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT Nellie N. Dorsey

(Address) 608 N. Kenwood Ave

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery

Place Gloucester Va Date July 15th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

20. FILED July 14 1935 Huntington Hilliard Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 11 1935 to July 12 1935

I last saw her alive on July 11 1935 Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset July 9 35

Other contributory causes of importance: Arterio-Sclerosis 1928

Was an operation performed? No Date of ____

For what disease or injury? ____

Name of operation None Date of No

What test confirmed diagnosis Clinical Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? No Date of injury None 19__

Where did injury occur? ____ (Specify city or town, county, and State)

Specify whether injury occurred in Industry, in home, or in public place ____

Manner of Injury None

Nature of Injury None.

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify ____

(Signed) T. A. Grady, M. D.

(Address) 5106 Harford Road

M. D. B. 1268-9

14395

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

X 157-B

Registered No. 14395

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Women's Hospital St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Girl Hicks.

(a) Residence: No. North. Va St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Infant

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, year): June 6-1935

7. AGE: Years | Months: 1 | Days: 8 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

FATHER

13. NAME: Percival M. Hicks

14. BIRTHPLACE (city or town) (State or country): New York

MOTHER

15. MAIDEN NAME: Catherine Chisam

16. BIRTHPLACE (city or town) (State or country): Baltimore Maryland

17. INFORMANT (Address): - mother -

18. BURIAL, CREMATION, OR REMOVAL

Place Gloucester, Va. Date July 15 '35

19. UNDERTAKER (Address): Stewart & Mowen Company 108 W. North Ave.

20. FILED 7-14-1935 [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13 1935

22. I HEREBY CERTIFY, That I attended deceased from June 6 1935 to July 13 1935

I last saw h[illegible] alive on July 13 1935 Death is said to have occurred on the date stated above, at 7.05 P M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Spina Bifida	
Meningocele	
Internal Hydrocephalus	

Other contributory causes of importance: Vomiting.

Name of operation: Resection Spina Bifida of 6-7-35

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) John G. Murray Jr. M. D.

(Address) 9 Cathedral Street

M. D. P. 1268-9

HEALTH DEPARTMENT—CITY OF BALTIMORE

14396 — 14396

CERTIFICATE OF DEATH

131 — Registered No.

1. PLACE OF DEATH: Provident Hospital

CITY OF BALTIMORE: (No. 1514 Druid) St., 16 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 30 yrs. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME: Benjamin Jones

(a) Residence: No. 1146 W Chase St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Col	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of — widowed

6. DATE OF BIRTH (month, day, year): April 19, 1879

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Odd Jobs

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Robert Jones

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Grace Jones

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT: Mrs. Lucie Jones

(Address) 1146 W Chase St

18. BURIAL, CREMATION, OR REMOVAL: St Edmonds Cathedral Cemetery Date July 15 1935

19. UNDERTAKER: Thos. E. Nelson

(Address) 1303 Presstman St

20. FILED: Huntington Williams, Registrar

14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-17-1935 to 7-12-1935

I last saw h alive on 7-12-35, 1935 Death is said to have occurred on the date stated above, at 8.00 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
a. Peritonitis	
Cardio Vascular Renal Disease	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C B Harvey M. D.

(Address) Provident Hospital

M. D. P. 1268-9

E 14397

14397 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

117-a

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1232 S Decker ave St., 1 Ward)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Karpeowicz

(a) Residence: No. 1232 S. Decker Ave St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 6 1918

7. AGE Years	Months	Days	If LESS than 1 day.. hrs. or ..min.
17	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Canning Depot

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Asson Packers

10. Date deceased last worked at this occupation (month and year) 6/36

11. Total number of years spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Joseph Karpeowicz

14. BIRTHPLACE (city or town) (State or country) Austria

MOTHER

15. MAIDEN NAME Annastazia Balka

16. BIRTHPLACE (city or town) (State or country) Austria

17. INFORMANT Anastizia Karpeowicz

(Address) 1232 S Decker ave.

18. BURIAL, CREMATION, OR REMOVAL St. Stanislaus Cem Date July 15 1935

19. UNDERTAKER Stephen J Fiallowski

(Address) 1000 S Monroe Ave

20. FILED 4 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23 1935 to July 11 1935

I last saw him alive on July 11 1935 Death is said to have occurred on the date stated above, at 3:45 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	7/10/35
Other contributory causes of importance: Perforated Gastric Ulcer	6/23/35

Name of operation Section of Ulcer Date of 6/23/35

What test confirmed diagnosis? Path. E. Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place None.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify None.

(Signed) Jos. A. Rosenbett M. D.

(Address) 3019 Connecticut

F 14398

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14398

93-C

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 802 Chancery ave St. 13 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Simon M. Bank (Bank)

(a) Residence: No. 802 Chancery ave St. ..... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Wid

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Mary

6. DATE OF BIRTH (month, day, year) Aug 15 1865

7. AGE 69 Years | Months 10 | Days 28 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clothing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salesman

10. Date deceased last worked at this occupation (month and year) 16

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Simon Bank

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Hannah

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT J. Bank

(Address) 240 Linden ave

18. BURIAL, CREMATION, OR REMOVAL

Place Washington Rd. Date July 14 1935

19. UNDERTAKER Sol Levinson Bro

(Address) 1127 E Baltimore St

Huntington Indiana

FILED JUL 14 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1935 to July 13, 1935

I last saw him alive on July 13, 1935 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerotic Cardio Vascular Disease	3 yrs
Coronary thrombosis	2 mos
Other contributory causes of importance	
Arterial Embolism	1 day

Was an operation performed? No Date of .....

For what disease or injury? — Date of .....

Name of operation .....

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ....., 19....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) N. Raymond Peters M. D.

(Address) 190 W. Lexington St.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1262-9

14399 HEALTH DEPARTMENT—CITY OF BALTIMORE 14399

CERTIFICATE OF DEATH

186-a Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St. Joseph Hospital St., 10 Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Winifred Heidt

(a) Residence: No. 1037 Forest St. St., Ward. (If non-resident give city or town and State)
(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William Heidt

6. DATE OF BIRTH (month, day, year) 1855

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER FATHER

13. NAME John Hogarty

14. BIRTHPLACE (city or town) (State or country) Ireland

15. MAIDEN NAME Mary O'Neill

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Margaret Hogarty

(Address) 1037 Forest St.

18. BURIAL, CREMATION, OR REMOVAL

Place St Peters Cemetery Date July 15. 1935

19. UNDERTAKER May Mortuary

(Address) 501 E 22nd St

Huntington Williams Inc Asst. Mgr.

20. FILED 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13 1935

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 2:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of left hip	8 days
Hypostatic Pneumonia	

Other contributory causes of importance:

Name of operation ... Date of ...

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury July 7. 1935

Where did injury occur? Home - Balto., Md. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Home

Manner of Injury Fell out of bed.

Nature of Injury Fracture left hip

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Paul Wheeler Coroner, M. D.

(Address) 1919 E. North Ave.

14400

F 14400

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1024 Argyle Ave St. 17 Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Richard H. Dennis

(a) Residence: No. 1024 Argyle Ave St Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or WIFE of)~~ Lula Dennis

6. DATE OF BIRTH (month, day, year) July 22, 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	11	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad Porter

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 40?

12. BIRTHPLACE (city or town) (State or country) Cecil Co Md

MOTHER FATHER

13. NAME Clairon Dennis

14. BIRTHPLACE (city or town) (State or country) Unknown

15. MAIDEN NAME ??

16. BIRTHPLACE (city or town) (State or country) ??

17. INFORMANT Lula Dennis

(Address) 1024 Argyle Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Mt. Auburn Date 7/14/35 19

19. UNDERTAKER Mrs. Geo. E. Hollan

(Address) 1631 Druid Hill Ave

20. FILED 7-14-1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935 to July 11, 1935

I last saw h[illegible] alive on July 10 1935. Death is said to have occurred on the date stated above, at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:

	Interval between onset and death
(a) Chronic Nephritis	7 yrs
(b) Uremia	

Other contributory causes of importance:

Confined to bed and drink

Name of operation Cancel Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) A. Lee Elliott M. D.

(Address) 924 Madison Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

7 14401 ✓ 7.14401

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

23

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 215 N. Poppleton St., 18 Ward)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Pearl Sawyer

(a) Residence: No. 215 - N. Poppleton St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) 1.26.'19

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
16	6 5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school boy

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore Md.

FATHER

13. NAME Lloyd Sawyer

14. BIRTHPLACE (city or town) (State or country) Penn.

MOTHER

15. MAIDEN NAME Helen Wilson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT Helen Wilson Price
(Address) 215 N. Poppleton

18. BURIAL, CREMATION, OR REMOVAL
Place Mt. Auburn Date 7/15/35 19

19. UNDERTAKER Wm. George A. Kolb & Son
(Address) 1631 E. Lind Ave

20. FILED 7/15/35 Huntington Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.12.35. 19

22. I HEREBY CERTIFY, That I attended deceased from December 19 34 to July 12 19 35

I last saw her alive on July 12 19 35 Death is said to have occurred on the date stated above, at 12:50 p m

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Dec. 1934
Other contributory causes of importance:	

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) James W. Lair M. D.

(Address) 865 W. Lexington St

OCCUPATION is very important. See instructions on back of certificate.

V S 3

1935

F 14402

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

46-c

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 725 St Johns Rd St., 77 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 42 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR World War Infantry Sergt

2. FULL NAME Herbert Ada Walter

(a) Residence: No. 725 St Johns Rd St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Marie Walter

6. DATE OF BIRTH (month, day, year) Sept 12 - 1892

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	42	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk Cook

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Telephone Co

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto

FATHER

13. NAME John Walter

14. BIRTHPLACE (city or town) (State or country) Balto

MOTHER

15. MAIDEN NAME Matilda Hammel

16. BIRTHPLACE (city or town) (State or country) Balto

17. INFORMANT Mrs Katherine Stroklen

(Address) 3224 Evergreen Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Loudon Park Date July 15 1935

19. UNDERTAKER John Ulrich

(Address) 2008 Greene St

20. FILED 1935 Huntington Woods, Md Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 .. to July 12 1935

I last saw h was alive on July 12 1935. Death is said to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Edema	1
Other contributory causes of importance: Coronary Sclerosis Arteriosclerosis	?

Was an operation performed? yes Date of May 15 1935

For what disease or injury? Intestinal Obstruction

Name of operation Resection Small Int. Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alvin B Kennamer M. D.

(Address) 718 N. Patterson Park Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

14403 E 14403

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

191

1. PLACE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 2312 Ashland Ave St., 7 Ward)

Length of residence in city or town where death occurred 79 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Herman Heise

(a) Residence: No. 2312 Ashland Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of Matilda Heise

6. DATE OF BIRTH (month, day, year) Dec. 17, 1857.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	77 79	6	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired linotype operator 063

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

FATHER

13. NAME ?

14. BIRTHPLACE (city or town) ? (State or country)

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) ? (State or country)

17. INFORMANT George W. Heise
(Address) 2312 Ashland Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place London Pk Date July 15 1935

19. UNDERTAKER John Ellerth
(Address) 1008 Orleans St

20. FILED ..... 19..... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart Prostation	
Other contributory causes of importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 19 E. Fayette St.

M. D. B. 1268-9

✓ F 14404

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14404

CERTIFICATE OF DEATH

+48

1. PLACE OF DEATH — Registered No.

CITY OF BALTIMORE: (No. W. of Baltimore General Hosp St., Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 6 yrs 3 mos. 9 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Mamie Fry.

(a) Residence: No. 6916 Fenway Rd. St., Ward. Balto Co Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Enos Fry.

6. DATE OF BIRTH (month, day, year) April 2 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	60	3	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME Dont know

14. BIRTHPLACE (city or town) (State or country) Dont know

MOTHER

15. MAIDEN NAME Dont know

16. BIRTHPLACE (city or town) (State or country) Dont know

17. INFORMANT Edmond Fry.

(Address) 6916 Fenway.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Knoll Date July 15 1935

19. UNDERTAKER John Elliott

(Address) 2025 Orleans

Huntington Williams Co

Registered by

F 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1 1935 to July 12 1935

I last saw h alive on July 12 1935 Death is said to have occurred on the date stated above, at 6 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	7
Cardiac Collapse	July 12 1935
Other contributory causes of importance:	
Senility	?

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Ralph Moreland M.D.

(Address) 1803 W. North ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-2 F 14405 F 14405

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mount Hope Retreat St. 28 Ward)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Sister M. Conceita Connell

(a) Residence: No. Dallas (Usual place of abode) Penna St., Ward.

(If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F.	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) Aug. 5 - 1891

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	43	11	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Religious

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Butler Pa.

FATHER

13. NAME Richard Connell

14. BIRTHPLACE (city or town) (State or country) Natrona Pa.

MOTHER

15. MAIDEN NAME Fona Sudall

16. BIRTHPLACE (city or town) (State or country) Tionesta Pa.

17. INFORMANT Sisters of Mercy
(Address) Mercy Hospital

18. BURIAL, CREMATION, OR REMOVAL
Place Cresson Pa Date July 15 1935

19. UNDERTAKER George A. Farley
(Address) 1800 W. Fayette St

20. FILED JUL 15 1935 Huntington [illegible]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar. 19 1934 to July 14 1935

I last saw her alive on July 14. 1935 Death is said to have occurred on the date stated above, at 10:55 Am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis with Hypertension	2
Cardiac Dilatation	3 yrs
Other contributory causes of importance:	
Hypostatic Pneumonia	24 hrs
Dementia Praecox	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Damian Palagia M. D.

(Address) 3326 Fairfield Ave

INSTRUCTION IS VERY important. See instructions on back of certificate.

F 14406 F 14406

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 107-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Annie Esley

If U. S. Veteran specify WAR no record

(a) Residence: No. 2126 E. Biddle St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced (or) WIFE of Charles T. Esley

6. DATE OF BIRTH (month, day, year) 3/26/1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	1	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Keith

14. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

MOTHER

15. MAIDEN NAME Margaret Becket

16. BIRTHPLACE (city or town) (State or country) Harford Co. Md.

17. INFORMANT Patient

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Balto Date July 15th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

E 15 1935 Huntington Williams, Md

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/17, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9/6, 1934 to 7/17, 1935

I last saw h alive on 7/17, 1935. Death is said to have occurred on the date stated above, at 4-15 A m.

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6 days

Other contributory causes of importance:

Senility — ?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Tobias Weinberg M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 14407

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14407

CERTIFICATE OF DEATH.

81

1-PLACE OF DEATH

CITY OF BALTIMORE: (No.) 2821 Forrest View Ave (Ward) 27

REGISTERED NO.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Charlotte K Hinrichs

(a) RESIDENCE. No. 2821 Forrest View Ave Ward.

(Usual place of abode) (If nonresident give city or town and State)

(Length of residence in city or town where death occurred) Life yrs. mos. ds. How long in U. S., if of foreign birth? ds.

U. S. Veteran

Spanish War

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: White

5 ~~Single~~, Married, ~~Widowed~~, ~~or Divorced~~ (write the word): Married

5a If married, ~~widowed or divorced~~ (or) WIFE of: Charles E. Hinrichs

6 DATE OF BIRTH (month, day, and year): June 9th 1866

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	69	1	5	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer: Self

9 BIRTHPLACE (city or town) (State or country): Balto Md

PARENTS

10 NAME OF FATHER: Chas. T. Klueber

11 BIRTHPLACE OF FATHER (city or town) (State or country): Germany

12 MAIDEN NAME OF MOTHER: Mary Schaffer

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Germany

14 Informant (Address): Chas. E. Hinrichs 2821 Forrest View Ave

15 Filed 1935 Huntington Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year): July 14th 1935

17 I HEREBY CERTIFY, That I attended deceased from June 1st 1935, to July 14th 1935, that I last saw her alive on July 14 1935, and that death occurred, on the date stated above, at 3:45 a. m.

The CAUSE OF DEATH* was as follows:

Hypostatic Pneumonia

(duration) yrs. mos. 10. ds.

CONTRIBUTORY (Secondary): Spinal Sclerosis

(duration) 5 yrs. mos. ds.

18 Where was disease contracted if not at place of death?

Did an operation precede death? no. Date of

Was there an autopsy? no.

What test confirmed diagnosis? Clinical

(Signed) L. K. Gordy. M. D.

7-14, 1935 (Address) 5706 Harford Rd

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Balto

DATE OF BURIAL: July 16th 1935

20 UNDERTAKER: Wm Cook

ADDRESS: 1217 St Paul St

15195

THIS is very important. See instructions on back of certificates. Exact statement of OCCUPA-

F 14408

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14408

CERTIFICATE OF DEATH

82-a

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 809 W Franklin St., 17-3 Ward)

Length of residence in city or town where death occurred 7 yrs. ... mos ... ds. How long in U.S. If of foreign birth? ... yrs ... mos ... ds.

2. FULL NAME Henrietta Lloyd

(a) Residence: No. 809 W Franklin St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4 Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	Col	Widow

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) May 30 1890

7. AGE	Years	Months	Days	If LESS than 1 day hrs. or min.
	45	2	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc Rental House work
10. Date deceased last worked at this occupation (month and year) About 1 yr.
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (city or town) (State or country) Easton, Md

MOTHER FATHER

13. NAME Unknown
14. BIRTHPLACE (city or town) (State or country) Md
15. MAIDEN NAME Emma Gibson
16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Blanche Cursey
(Address) 809 W. Franklin St.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Cem. Date July 15 1935

19. UNDERTAKER Edward L. Fuchs
(Address) 1710 Pennsylvania Ave

Thos. J. Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/12/1935

22. I HEREBY CERTIFY, That I attended deceased from June 3 1935 to July 12 1935

I last saw h[illegible] alive on July 12 1935 death is said to have occurred on the date stated above, at 1115 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	7/10/35 2 days
Other contributory causes of importance:	
Arteriosclerosis and Chronic Nephritis	About 6 mos

Name of operation ... Date of ...

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ..., 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO If so, specify

(Signed) J. Gordon Gordley, M. D.
(Address) 519 N. Carrollton Ave

OCCUPATION is very important. See instructions on back of certificate.

F 14409

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14409

CERTIFICATE OF DEATH

50

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1028 N. Washington St., 7 Ward)

Length of residence in city or town where death occurred 55 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Alice Ida Oswinkle

If U. S. Veteran specify WAR none

(a) Residence: No. 1028 N. Washington St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of John Oswinkle

6. DATE OF BIRTH (month, day, year) Feb. 4/1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	67	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dead

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Pa

FATHER

13. NAME David Keller

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Susie Schmick

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT (Address) 1028 N. Washington

18. BURIAL, CREMATION, OR REMOVAL Place Baltimore Cem Date July 15 1935

19. UNDERTAKER Philip Herwig Sons (Address) 2016 Eutaw St

20. FILED ..... 19 ..... Registrar.

JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1932 to July 11 1935. I last saw her alive on July 11 1935. Death is said to have occurred on the date stated above, at 1035 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Breast (Left)	July 1932
Other contributory causes of importance: Diseased Bronchial Pulmonary Glands	July 1934

Was an operation performed? Breast Amputation

For what disease or injury?

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury Dr Alois B Lennan

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Alois B Lennan M. D.

(Address) 156 W. Mulberry

OCCUPATION is very important. See instructions on back of certificate.

F 14410 F 14410

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

✓ 93-C

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1011 N. Broadway St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 50 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William H. Walstrum

(a) Residence: No. 1011 N. Broadway St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha T. Walstrum

6. DATE OF BIRTH (month, day, year) Oct. 13-1871

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	63	9		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Flour Scraper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

FATHER

13. NAME Isaac Walstrum

14. BIRTHPLACE (city or town) (State or country) Balto. Co. Md.

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Bertha T. Walstrum

(Address) 1011 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Cem't Date July 16 1935

19. UNDERTAKER George W. Zurhelle

(Address) 1737 E. Eager St

21. FILED JUL 15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1935 to July 13, 1935

I last saw him alive on July 13, 1935 Death is said to have occurred on the date stated above, at 1:45 P. m.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis — Date of onset 7-13-35
Hypertension — ow
Myocarditis
Arteriosclerosis

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19 .....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Harry Finden, M. D.

(Address) 16 S. Broadway

OCCUPATION is very important. See instructions on back of certificate.

F 14411

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14411

CERTIFICATE OF DEATH

Registered No. 1864

1. PLACE OF DEATH Groundel Hospital

CITY OF BALTIMORE: (No. 1514 Druid Hill St., 14 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. 1 mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs Frances Jones

(a) Residence: No. 28 W Lanvale St Ward. Reisterstown MD

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: Col

5. Single, Married, Widowed, or Divorced (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Hanson Jones

6. DATE OF BIRTH (month, day, year): June 28 1864

7. AGE: Years 71; Months; Days 17 16; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: none

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Maryland

FATHER

13. NAME: Jessie Ross

14. BIRTHPLACE (city or town) (State or country): Balto Co

MOTHER

15. MAIDEN NAME: Harriet Burkett

16. BIRTHPLACE (city or town) (State or country): Balto Co

17. INFORMANT (Address): John Jones Reisterstown Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Woodlawn Cem Date: July 18 1935

19. UNDERTAKER (Address): J. Edw. Lowe Reisterstown Md

FILED: JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-5 1935 to 7-14 1935

I last saw her alive on 7-14 1935 Death is said to have occurred on the date stated above, at 11.45 pm

The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypertensive Cardiovascular Renal Disease	
Uremia Coma	

Other contributory causes of importance:

Fracture R Femur

Name of operation: Reduction Date of: 6-7

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury: Fell off step at Residence

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible] M. D.

(Address) Groundel Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 14412

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14412

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1532 E. Pratt St., 3 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 12 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth 12 yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Morris Alk

(a) Residence: No. 1532 E. Pratt St St., ... Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
74			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe maker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Shoe Work

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Russia

FATHER

13. NAME Not Known

14. BIRTHPLACE (city or town) (State or country) Russia

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (city or town) (State or country) Russia

17. INFORMANT Sarah Levine (Address) 1439 E. Balto St.

18. BURIAL, CREMATION, OR REMOVAL

Place Hebrew Rodale Date 7/16/35

19. UNDERTAKER Sarah Levine (Address) 1439 E. Balto St.

20. [illegible] Huntington Williams MD

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/35 . 19

22. I HEREBY CERTIFY, That I attended deceased from July 12 . 1935 . to July 14 . 1935

I last saw him alive on July 14 . 1935 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset 1934

Other contributory causes of importance:

Was an operation performed? No Date of —

For what disease or injury? —

Name of operation — Date of —

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury ..... , 19 ....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Milton L. Solomon , M. D.

(Address) 14 South Broadway

OCCUPATION is very important. See instructions on back of certificate.

L 15 1935

M. D. F. 1268-0

F 14413

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14413

CERTIFICATE OF DEATH

✓ 131

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2537 E Oliver St., 8 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. If of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Christina Agnes Schraufer

(a) Residence: No. 2537 E Oliver St St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Geo. J. Schraufer

6. DATE OF BIRTH (month, day, year) DEC, 28 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	77	6	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) 1920

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Maryland

FATHER

13. NAME John Mueller

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Barbara Schramm

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT John Schraufer (Son)

(Address) 1411 Hollenrook St

18. BURIAL, CREMATION, OR REMOVAL Place Most Holy Redeemer Date July 16 1935

19. UNDERTAKER Henry Heath Sons, Inc

(Address) 301 E Eager St Huntington Williams, M.D.

15 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 23, 1935 to July 13, 1935

I last saw her alive on July 12, 1935. Death is said to have occurred on the date stated above, at 2+3P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cholecystitis	
Myocarditis Decompensatus	21 D.
Arteriosclerosis	

Other contributory causes of importance:

Chronic Interstitial Nephritis	21 D.

Name of operation ___ Date of ___

What test confirmed diagnosis? Unknown Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ___

Manner of injury ___

Nature of injury ___

21. Was disease or injury in any way related to occupation of deceased? No If so, specify ___

(Signed) Thos. F. A Stevens M. D.

(Address) 2878 Harford Rd

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 14414

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14414

CERTIFICATE OF DEATH

✓ 44-c

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 13 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Mr. Hubert Mays.

(a) Residence: No. 3426 Roland Ave St., Balto Ward. X

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	W	Married

5a. If married, widowed, or divorced BUSBAND of (or) WIFE of Edith Mays.

6. DATE OF BIRTH (month, day, year) Sept 1, 1875

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
60		4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inv. Coal

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME John Mays

14. BIRTHPLACE (city or town) (State or country) Balto Co., Md.

MOTHER

15. MAIDEN NAME Amelia Hunter

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Edith Mays.

(Address) 3426 Roland Ave.

18. BURIAL, CREMATION, OR REMOVAL

Middletown Md. Date July 15, 1935

19. UNDERTAKER Edmund Alton.

(Address) 3615-17 Edmondson Ave.

Huntington Williams, Inc.

Registrar.

15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1935 to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
(a) Rocky Mountain Spotted Fever	

Other contributory causes of importance:

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) ..... M. D.

(Address) Mercy Hosp

OCCUPATION is very important. See instructions on back of certificate.

V S 3

F 14415

F 14415 HEALTH DEPARTMENT—CITY OF BALTIMORE 122-A

CERTIFICATE OF DEATH

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Mercy Hosp. St., 13 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR

2. FULL NAME Mrs Hattie Mumaw

(a) Residence: No. 3234 Resnick Rd St., Woodl. Boro, Md.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
F	W	Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of Wm. Mumaw

6. DATE OF BIRTH (month, day, year) Jan 6 1872

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
63 63	6	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jos. Strong

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Belle Allison

16. BIRTHPLACE (city or town) (State or country) Va.

17. INFORMANT Wm. H. Mumaw

(Address) 3234 Resnick Road.

18. BURIAL, CREMATION, OR REMOVAL Oakwood Date July 15. 1935

19. UNDERTAKER Chenoweth & Son.

(Address) 36 to 42 Chestnut Huntington Williamson, W. Va.

15 1935 19 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12. 1935

22. I HEREBY CERTIFY, That I attended deceased from 18th July 12 1935 to July 12 1935

I last saw h alive on July 12, 1935. Death is said to have occurred on the date stated above, at 10.55 PM.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Hernia (Right)	?

Other contributory causes of importance:

Acute Cardiac Dilatation

Was an operation performed? Yes Date of July 11. 1935

For what disease or injury? Strangulated Hernia

Name of operation Reduction of Hernia Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. D.

(Address) Mercy Hosp.

OCCUPATION is very important. See instructions on back of certificate.

F 14416

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14416

CERTIFICATE OF DEATH

97

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 407 Mt Holly St., 20 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 33 yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Sarah Ann Crosby

(a) Residence: No. 407 Mt Holly St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

4. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of George W. Crosby

6. DATE OF BIRTH (month, day, year) Jan. 5, 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	82	6	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (City or town) Carroll Co. (State or country) Md.

FATHER

13. NAME Philip Crive

14. BIRTHPLACE (City or town) ..... (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (City or town) ..... (State or country) Md

17. INFORMANT Rev. Philip Crosby

(Address) Pocomoke Md

18. BURIAL, CREMATION OR REMOVAL

Place London Park Date July 9, 1935

19. UNDERTAKER Wm. Richter & Son

(Address) Pocomoke & Pa Wines, Huntington Station, N.Y.

15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935, to July 8, 1935

I last saw h.. alive on July 12, 1935 Death is said to have occurred on the date stated above, at 6:07 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria Sclerosis - cerebral	?
Other contributory causes of importance: Age - General debility	

Was an operation performed? No Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? ..... Date of injury ..... 19..

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, ...

(Signed) H H Staudenmayer, M. D.

(Address) 714 Park Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9 F 14417

F 14417

HEALTH DEPARTMENT—CITY OF BALTIMORE

301446

CERTIFICATE OF DEATH

X V 46-c

Registered No.

1. PLACE OF DEATH JOHNS HOPKINS HOSPITAL

CITY OF BALTIMORE: (No. 1 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. 6 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Virginia Renn

(a) Residence: No. Frederick Md. St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female | 4. Color or Race: white | 5. Single, Married, Widowed, or Divorced (write the word): married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louis

6. DATE OF BIRTH (month, day, year): 2/9/99

7. AGE — Years: 36 | Months: 5 | Days: 5 | If LESS than 1 day, hrs. or min.:

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.:

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home - wife

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: George Renn

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Bertha Nagle

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Record.

(Address) ~~Johns Hopkins Hospital~~

18. BURIAL, CREMATION OR REMOVAL

Place: Frederick Cemetery Date: July 17 '35

19. UNDERTAKER: Eichison & Son

(Address) Frederick Md

20. FILED JUL 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): 7/14 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 . 1935 to July 14 . 1935

I last saw her alive on July 14 . 1935 Death is said to have occurred on the date stated above, at 11.20 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid	1 year 8 mos.
Intestinal Obstruction	

Other contributory causes of importance:

Peritonitis	

Name of operation: Resection & Anastomosis Date of: July 10, 1935

What test confirmed diagnosis: X ray Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Briggs M. D.

(Address) Johns Hopkins Hospital

OCCUPATION is very important. See instructions on back of certificate.

F 14418

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14418

301573

CERTIFICATE OF DEATH

X 108

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 7 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Herman Hodges

(a) Residence: No. 3 Travers Point Road St., Ward. Edgemere md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of —

6. DATE OF BIRTH (month, day, year) Feb 9 1935

7. AGE Years	Months	Days	If LESS than 1 day hrs or min.
	5	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) md

FATHER

13. NAME Herman Hodges

14. BIRTHPLACE (city or town) (State or country) Ga.

MOTHER

15. MAIDEN NAME Cornelia Miller

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records

(Address) JOHNS HOPKINS HOSP.

18. BURIAL, CREMATION, OR REMOVAL

Place Schwartz Cem. Date July 16, 1935

19. UNDERTAKER Geo. F. Young

(Address) 715 Light St

20. FILED July 16 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1935, to July 13, 1935

I last saw him alive on July 13, 1935. Death is said to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia - acute primary lobar	about July 1st
Emphysema	July 10th

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) By dia B Edwards, M. D.

(Address) Johns Hopkins

OCCUPATION is very important. See instructions on back of certificate.

V 3 9

M. D. F. 1268

F 14419

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14419

CERTIFICATE OF DEATH

Registered No. 24 ✓ 191

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. B.& O. R.R.tracks & Webster St., 2d Ward)

Length of residence in city or town where death occurred 10 yrs. ---mos.---ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME William H. Lauver.

(a) Residence: No. 301 E. Hamburg St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced, HUSBAND of XXXXXXXXXX May Lauver.

6. DATE OF BIRTH (month, day, year) May 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
	61	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Brakesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. B.& O.R.R.Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Gettysburg, Pa.

FATHER

13. NAME Samuel Lauver.

14. BIRTHPLACE (city or town) (State or country) Pennsylvania,

MOTHER

15. MAIDEN NAME Anna A.Marshall.

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT May Lauver.(wife)
(Address) 301 E.Hamburg St.

18. BURIAL, CREMATION, OR REMOVAL
Place London Park Date July 15. 1935

19. UNDERTAKER John J. Hynes
(Address) 715 Light St.

20. FILED JUL 15 1935 Registrar 7/13/35

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from ____, 19___, to ____, 19___

I last saw h___ alive on ____, 19___. Death is said to have occurred on the date stated above, at 7.28 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat prostration.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury ____, 19___

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto H. Steinhardt Coroner, M. D.

Address) 1017 E. Charles St.

F 14420

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14420

CERTIFICATE OF DEATH ✓ 35

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto City Hospt. 18 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Length of residence in city or town where death occurred 1st yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.
If U. S. Veteran specify WAR .....

2. FULL NAME Luther Baines
(a) Residence: No. 1001 Bennett Place Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	black	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Leona Baines

6. DATE OF BIRTH (month, day, year) 4-18-95

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	40	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ?
10. Date deceased last worked at this occupation (month and year) ?
11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Virginia

FATHER
13. NAME Stevens Baines
14. BIRTHPLACE (city or town) (State or country) ? Va.

MOTHER
15. MAIDEN NAME Fannie Lowe
16. BIRTHPLACE (city or town) (State or country) ? Va

17. INFORMANT Balto. City Hospt
(Address) Records

18. BURIAL, CREMATION, OR REMOVAL Date July 15 1935
National Cem.

19. UNDERTAKER Zirnsak & Brother
(Address) 1588 Pennsylvania Ave

FILED JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12-1935

22. I HEREBY CERTIFY, That I attended deceased from 7-10 1935 to 7-12 1935
I last saw him alive on 7-12 1935 Death is said to have occurred on the date stated above, at 4:12 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Stricture of Urethra	?
Extravasation of Urine	3 days
Anemia	3 days

Other contributory causes of importance:

Was an operation performed? Yes Date of 7-10-35
For what disease or injury? Urinary Extravasation
Name of operation Suprapubic Cystotomy Date of 7-10-35
What test confirmed diagnosis? Operation Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) Robt. F. Mantz M. D.
(Address) Balto. City Hospt.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14421

F 14421

HEALTH DEPARTMENT—CITY OF BALTIMORE

51-B

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1744 Bank st. St., V Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Otremba

(a) Resident No. 1744 Bank st St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. Color or Race: White

5. Single, Married, Widowed, or Divorced (write the word): Married

6a. If married, widowed or divorced HUSBAND of (or) WIFE of: Mary Otremba

6. DATE OF BIRTH (month, day, year): May 4th 1868

7. AGE: Years 67; Months 2; Days 9; If LESS than 1 day hrs. or min.

OCCUPATION

8. Trade, profession or particular kind of work done, as spinner sawyer bookkeeper etc: Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank etc: Private

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 10 yrs

12. BIRTHPLACE (city or town) (State or country): Poland.

FATHER

13. NAME: Michael Otremba

14. BIRTHPLACE (city or town) (State or country): Poland.

MOTHER

15. MAIDEN NAME: Dora Janzen

16. BIRTHPLACE (city or town) (State or country): Germany.

17. INFORMANT: Mrs. Mary Otremba
(Address) 1744 Bank Street

18. BURIAL, CREMATION, OR REMOVAL
Place St. Stanislaus Date July 16 19 35

19. UNDERTAKER: George A. Weber
(Address) 705 S. Arlington Ave

Huntington Williams, M.D.
Registrar

15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 13. 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-14 1935 to 7-13 1935

I last saw him alive on 7-13 1935 Death is said to have occurred on the date stated above, at 4 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial Insufficiency	7-10-35
Other contributory causes of importance:	
Carcinoma Bladder	6/1/35 about

Name of operation: Laparotomy Date of 7/14

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? N/A Date of injury N/A 19

Where did injury occur? N/A
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place N/A

Manner of injury N/A

Nature of injury N/A

24. Was disease or injury in any way related to occupation of deceased? N/A If so, specify N/A

Signed: Paul Muller, M. D.

(Address) 1552 N. Broadway

AaCo. 5-31 250B

F 14422

14422

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No. .....
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 891 N Fayette St
CITY OF BALTIMORE: (No. Baltimore Md St. 18 Ward)
Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Boy Ibbela
(a) Residence: No. 891 N. Fayette St St. ... Ward ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race W | 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Single

6. DATE OF BIRTH (month, day, year) 7-12 35

7. AGE — Years ✓ | Months 1 | Days ✓ | If LESS than 1 day, hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME William Ibbela
14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Browning
16. BIRTHPLACE (city or town) (State or country) Baltimore Md

17. INFORMANT [illegible] Ibbela
(Address) 891 W. Fayette St

18. BURIAL, CREMATION, OR REMOVAL Place New Cathedral Date 8/13/ 1935

19. UNDERTAKER E. K. Fanning
(Address) 113 Taylor Forest Huntington Williams, Mgr.

20. FILED 15 1935 Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-12-35 1935 to 7-12, 1935
I last saw h[illegible] alive on 7-12 1935 death is said to have occurred on the date stated above, at 11:50 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Premature 4 lb male	

Other contributory causes of importance:
None

Name of operation None Date of ...
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? No Date of injury None
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No If so, specify No

(Signed) Frank T. Morris, M. D.
(Address) 1129 Calvert St.

M. D. P. Form-5 F 14423

F 14423

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 3600 Eldorado St., 24th Ward)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. If of foreign birth 60 yrs. mos. ds.

2. FULL NAME Bena Sundheim Bena Sundheim

(a) Residence: No. 3600 Eldorado Ave., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female | 4. Color or Race: White | 5. Single, Married, Widowed or Divorced (write the word): Widow

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Henry Sundheim

6. DATE OF BIRTH (month, day, year): Mch. 12, 1853

7. AGE: Years: 82 | Months: 4 | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Bush Plesch

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT: Mr. Harold Sundheim

(Address): 3600 Eldorado Ave

18. BURIAL, ~~CREMATION or REMOVAL~~

Place: Balto. Hebrew Date: July 16, 1935

19. UNDERTAKER: Baird Sondheim & Son

(Address): 1902 Eutaw Place

Huntington Williams N.D. Registrar.

20. FILED: JUL 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to July 14, 1935

I last saw h[illegible] alive on July 14, 1935 Death is said to have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteria-sclerosis	over 20 yrs.
Other contributory causes of importance: Angina Pectoris	6 wks.
Myocarditis	Several yrs.

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place Accident

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Amerith Lorell M. D.

(Address) 3705 Liby. Hgts. Ave

OCCUPATION is very important. See instructions on back of certificate.

M. D. R. 1268

F 14424

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14424

V 34E-82-B

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 2015 Fleet St. St., 2 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

Life

2. FULL NAME WILLIAM T. RODER

(a) Residence No. 2015 Fleet St. St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed or divorced — — —
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) June 21, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	67	0	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town) Baltimore
(State or country)

FATHER

13. NAME John A. Roder

14. BIRTHPLACE (city or town)
(State or country) Germany

MOTHER

15. MAIDEN NAME Eva M. Reis

16. BIRTHPLACE (city or town)
(State or country) Germany

17. INFORMANT Mrs. Lillian R. Franklin (Sister)
(Address) Windsor Mill Rd. Woodlawn

18. BURIAL, CREMATION, OR REMOVAL
Lorraine Cemetery July 16, 1935
Place Date

19. UNDERTAKER HENRY SANDER & SONS, INC.
(Address) Baltimore & Broadway.

20. FILED ... 19...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1935 to July 12, 1935

I last saw him alive on July 12, 1935 Death is said to have occurred on the date stated above, at 9.45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolus	2 days
Cerebro Spinal Fever	?
Other contributory causes of importance: Cardio - Vascular Shock	2 days

Name of operation ... Date of ...

What test confirmed diagnosis? Wassermann Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased?
If so, specify ...

(Signed) Emil F. Krug M. D.

(Address) 200 N. E. Baltimore

OCCUPATION is very important. See instructions on back of certificate.

S 3

M. D. B. 1268-9 F 14425

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14425

CERTIFICATE OF DEATH

82-a

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 523 N. Milton Ave. St., 7 Ward)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME JOSEPHINE E. TANNER

(a) Residence: No. 523 N. Milton Ave. St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of James H. Tanner

6. DATE OF BIRTH (month, day, year) Sept. 12. 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore

FATHER

13. NAME William D. Chiveral

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah J. Pearman

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mr. Earl H. Tanner (Son)
(Address) 523 N. Milton Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Galesville Md. Date July 16, 1935

19. UNDERTAKER HENRY SANDER & SONS INC.
(Address) Baltimore & Broadway.

20. FILED ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 13, 1935.

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1935 to July 13, 1935. I last saw h[illegible] alive on July 13, 1935. Death is said to have occurred on the date stated above, at 10.30pm

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism. — Date of onset 1/35

Other contributory causes of importance:

Chronic Rheumatism (Heart involved) — 10 Yrs

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Edward Sloan M. D.

(Address) 413 [illegible]

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-a

E 14426

30128 E 14426

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

89-B

Registered No.

1. PLACE OF DEATH

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. JOHNS HOPKINS HOSPITAL St., 1 Ward)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Rentzell

(a) Residence: No. Seminary ave St., Ward. Lutherville Md
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/3/30

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	5	2	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Robert Rentzell

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Flora Sims

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Records
(Address) JOHNS HOPKINS HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
Place Provi[illegible] Date July 16/35

19. UNDERTAKER David Garrison
(Address) Baltimore Md.

20. FILED JUL 15 1935 Registrar.

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1935 to July 14, 1935
I last saw him alive on July 14, 1935 Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Meningitis (Staphylococcus)	7/12/35

Other contributory causes of importance:

Bilateral Mastoiditis

Name of operation Mastoidectomy

What test confirmed diagnosis? L.P. Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Judson B. Coughlin M. D.
(Address) Johns Hopkins Hospital

M. D. B 1268-9

F 14427

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14427

23

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE (No. 1313 Vincent St., 15 Ward)

Length of residence in city or town where death occurred 44 yrs. 9 mos. 8 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

If U. S. Veteran specify WAR .....

2. FULL NAME William Granderson

(a) Residence No. 1313 Vincent St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. Color or Race Col. | 5. Single, Married, Widowed, or Divorced (write the word) Married

5a. If married, widowed or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) Oct 2 1889

7. AGE — Years 44 | Months 9 | Days 8 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Baltimore Md

FATHER

13. NAME Charles Granderson

14. BIRTHPLACE (city or town) (State or country) Baltimore Md

MOTHER

15. MAIDEN NAME Mary Tyson

16. BIRTHPLACE (city or town) (State or country) Baltimore Md.

17. INFORMANT Mary Granderson.
(Address) 1313 Vincent St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date July 13 1935

19. UNDERTAKER Thos E. Pelham
(Address) 1303 Pressman St

20. Filed JUL 15 1935 21. ..... Registrar. 22. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 1935

22. I HEREBY CERTIFY, That I took ... view of the remains of the above named ... on and from the evidence obtained by said (Inquest, Autopsy or Inquiry) find that said deceased came to ... death on the day stated above. 7- 8 P.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation none Date of —

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) O'Hara, M. D.
Coroner

(Address) 12 E Franklin St

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14428

14428

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

131

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hospitals St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Annie Robinson

(a) Residence: No. 1036 Stockton Sc - St., ... Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
female	Colored	widowed

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of Joseph Robinson

6. DATE OF BIRTH (month, day, year) June 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	70	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none of 70

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. formerly domestic help

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation of 70

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Maryland

FATHER

13. NAME Richard Ross

14. BIRTHPLACE (city or town) (State or country) Calvert Co Md

MOTHER

15. MAIDEN NAME Jane Whittington

16. BIRTHPLACE (city or town) (State or country) Calvert Co Md

17. INFORMANT Ella Hall
(Address) 1036 Stockton St

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Auburn Date 7/15 35 . 19

19. UNDERTAKER Thomas E. Nelson
(Address) 1303 Greenmount Ave.

20. FILED ..... 19 ..... Registrar.

JUL 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 11 . 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19 ..... to ..... 19 .....

I last saw h alive on ..... 19 ..... Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Pneumonia - acute	
Cardiac dilatation	

Other contributory causes of importance:

Cardiac hypertrophy.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?
no If so, specify .....

(Signed) ..... M. D.
Coroner

(Address) 101 S. Edwood St

Occupation is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14429

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14429

CERTIFICATE OF DEATH

131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH 2218 Cedley Street

CITY OF BALTIMORE: (No. 2218 Cedley St St., 25 Ward)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Alexander Daugherty

(a) Residence: No. 2218 Cedley St St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	W.	Married

5a. If married, widowed, or divorced HUSBAND of (or WIFE of) Mary Daugherty

6. DATE OF BIRTH (month, day, year) April 26-1878

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
57	2	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va

FATHER

13. NAME Charles Daugherty

14. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va.

MOTHER

15. MAIDEN NAME Mary Ogden

16. BIRTHPLACE (city or town) (State or country) Clarksburg W. Va

17. INFORMANT Cecil Daugherty

(Address) 22.5 Cedley St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenlandsburg Date July 16th 1935

19. UNDERTAKER Leo G. Cook

(Address) 1703 N Patterson Park Ave

20. FILED 1935 Huntington Williams, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to July 12, 1935. I last saw him alive on July 12, 1935. Death is said to have occurred on the date stated above, at 12 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	5-11-35

Other contributory causes of importance:

Chronic nephritis	unknown
Hypertension	"
arteriosclerosis	"

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no If so, specify

(Signed) B. J. Ferry M.D. per N. Racusin, M. D.

(Address) 7910 W Lombard St
9 206 S. Belnor St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14430

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14430

CERTIFICATE OF DEATH

94-B

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. St, Joseph's Hospital 10 Ward)

Length of residence in city or town where death occurred life mos. ds. How long in U. S. If of foreign birth? ...yrs. ...mos. ...ds.

2. FULL NAME GEORGE J. REED — U.S. Veteran World's War

(a) Residence: No. 909-Central Ave St., ...Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of - - - -

6. DATE OF BIRTH (month, day, year) 4/15/1886

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
49	2	27	xxxx

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bottler in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Brewery

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

FATHER

13. NAME George G. Reed

14. BIRTHPLACE (city or town) (State or country) Baltimore, Md.

MOTHER

15. MAIDEN NAME Margaret (Smith)

16. BIRTHPLACE (city or town) (State or country) Baltimore Maryland

17. INFORMANT John A.Reed
(Address) 1934 Griffin Avenue

18. BURIAL, CREMATION, OR REMOVAL
Place U.S.National Cem. July 16, 1935

19. UNDERTAKER George J. Ruth, Inc.
(Address) 1735 Harford Avenue

20. FILED JUL 15 1935, 19... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ....., 19...

I last saw h... alive on ....., 19... Death is said to have occurred on the date stated above, at 7:45 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
Cardiac Failure	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Paul Schreiber, M. D. Coroner

(Address) 1919 E. North Ave.

Huntington Collector

✓F 14431

14431

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

24

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St. 15 Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... da. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... da.

If U. S. Veteran specify WAR .....

2. FULL NAME Chester Anderson

(a) Residence: No. 1528 N. Schroeder Ward. .....

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of .....

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) (State or country) Va.

FATHER

13. NAME .....

14. BIRTHPLACE (city or town) (State or country) .....

MOTHER

15. MAIDEN NAME .....

16. BIRTHPLACE (city or town) (State or country) .....

17. INFORMANT Patient.

(Address) .....

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 15 1935

19. UNDERTAKER .....

(Address) .....

20. FILED JUL 15 1935 [illegible] Registrar

OCCUPATION is very important. See instructions on back of certificate.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/6 1935

22. I HEREBY CERTIFY That I attended deceased from 7/2 1935 to 7/6 1935

I last saw him alive on 7/6 1935 Death is said to have occurred on the date stated above, at 3:07 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculous meningitis	3 wks

Other contributory causes of importance .....

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19 .....

Where did injury occur? .....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) Robert A Reitz M. D.

(Address) Balto City Hosp.

5 1935

Huntington Williams, Jr.

Registrar

R 1561

F 14432

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14432

349-131

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto City Hosp St., 5 Ward)

Length of residence in city or town where death occurred 35 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR .....

2. FULL NAME Horace Ware

(a) Residence: No. 216 Eden St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Single.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 5/16/1900

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
35	1		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Africa.

FATHER

13. NAME John Ware.

14. BIRTHPLACE (city or town) (State or country) Africa.

MOTHER

15. MAIDEN NAME Mary Brown

16. BIRTHPLACE (city or town) (State or country) Africa.

17. INFORMANT Patient.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 15 1935

19. UNDERTAKER
(Address)

20. FILED 7-15-1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/8, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/29, 1935 to 7/8, 1935

I last saw him alive on 7/8, 1935 Death is said to have occurred on the date stated above, at 7 1/2 m

The principal cause of death and related causes of importance were as follows:

Chronic nephritis c uremia — Date of onset 3 wks

Other contributory causes of importance:

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19...

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Calvert A. Reitz M. D.

(Address) Balto City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

Spec.—8-16-29—L. F. S.—100 Bks.

F 14433

14433

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

95-B

REGISTERED NO. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1—PLACE OF DEATH

CITY OF BALTIMORE: (No. 2733 W. Mosher St. ST. 16 WARD)

2—FULL NAME William C. Bennett.

(a) RESIDENCE NO. 2733 W. Mosher St. ST. _____ WARD _____
(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
male	white	married

5a If married, widowed, or divorced: HUSBAND of (or) WIFE of Amy Smith Bennett

6 DATE OF BIRTH (month, day, and year) Jan 1st--1857

7 AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	78	6	12	

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) Produce

(c) Name of employer Self

9 BIRTHPLACE (city or town) (State or country) Baltimore.

PARENTS

10 NAME OF FATHER John R. Bennett

11 BIRTHPLACE OF FATHER (city or town) (State or country) Baltimore.

12 MAIDEN NAME OF MOTHER Eliza Vinegar.

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Baltimore.

14 Informant Mrs. Clara A. Iddon.

(Address) 2733 W. Mosher St.

15 1935 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 7-13-35

17 I HEREBY CERTIFY, That I attended deceased from July 7, 1935, to July 13, 1935,

that I last saw him alive on July 13, 1935,

and that death occurred, on the date stated above, at 6 p m.

The CAUSE OF DEATH* was as follows:

Cardio-Renal Disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (Secondary) Uremia

(duration) yrs. mos. 7 ds.

18 Where was disease contracted if not at place of death? At home

Did an operation precede death? No Date of —

Was there an autopsy? No

What test confirmed diagnosis? Blood pressure Blood & Urine

(Signed) Chas. A. Iddon, M. D.

7/14/35 (Address) 408 S. Bond Baltimore

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Baltimore Cemetery

DATE OF BURIAL 7-16-35

20 UNDERTAKER Wendell E. Humphreys

ADDRESS 5-01 W. Broadway

important. See instructions on back of certificate.

F 14434

14434

HEALTH DEPARTMENT—CITY OF BALTIMORE

46-B

CERTIFICATE OF DEATH

Registered No. .....

1. PLACE OF DEATH
CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR

2. FULL NAME Robert Wallace

(a) Residence: No. 612 E. Lombard St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White.	Widowed.

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1864

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (city or town) (State or country) Scotland.

FATHER

13. NAME John Scotland

14. BIRTHPLACE (city or town) (State or country) ?

MOTHER

15. MAIDEN NAME ?

16. BIRTHPLACE (city or town) (State or country) Scotland

17. INFORMANT Records Bldg.
(Address)

18. BURIAL, CREMATION, OR REMOVAL
Place University of Md Date July 15 1935

19. UNDERTAKER
(Address)

20. FILED [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/7 1935

22. I HEREBY CERTIFY, That I attended deceased from 5/27 1935 to 7/7 1935

I last saw him alive on 7/7 1935 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	3-4 yrs ago

Other contributory causes of importance

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify

(Signed) Roberta Reiter M. D.

(Address) Balto City Hosp.

V. S. OCCUPATION is very important. See instructions on back of certificate.

L 15 1935 1562

M. D. B. 1268-9

✓ F 14435

14435

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

57

Registered No. .....

1. PLACE OF DEATH Good Shepherd Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1512 N. Gilmore St. 16 Ward)

Length of residence in city or town where death occurred 5 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Elizabeth Distasio

(a) Residence: No. 1309 Rutgers Ave St., ... Ward. .....
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female | 4. Color or Race Colored | 5. Single, Married, Widowed, or Divorced (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE: Years 95 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

FATHER

13. NAME Richard Jones

14. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

MOTHER

15. MAIDEN NAME Amelia Jones

16. BIRTHPLACE (city or town) (State or country) Calvert Co. Md.

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Universal of Md Date July 5 1935

19. UNDERTAKER

(Address)

20. FILED ..... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 10 1935 to July 2 1935

I last saw h... alive on July 2 1935 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Infectious arteritis.	
Septicemia	5-3
Acute nephritis.	5-11

Other contributory causes of importance:

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or injury in any way related to occupation of deceased? No If so, specify .....

(Signed) H. C. Harrold, M.D.

(Address) 1838 Druid Hill Ave.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

F 14436 ✓ F 14436

HEALTH DEPARTMENT—CITY OF BALTIMORE

34a-159

CERTIFICATE OF DEATH

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 709 N Carey St., 16 Ward)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Samuel Reynolds, Jr.

(a) Residence: No. 709 Carey St. (Usual place of abode) St., ... Ward. (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
M	Colored	Single

6a. If married, widowed, or divorced: HUSBAND of (or) WIFE of -

6. DATE OF BIRTH (month, day, year) 7/13/35

7. AGE	Years	Months	Days	If LESS than 1 day 20 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) | 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) 709 N. Carey St

FATHER

13. NAME Samuel Reynolds

14. BIRTHPLACE (city or town) (State or country) Calvert County, Md

MOTHER

15. MAIDEN NAME Annie Pinkett

16. BIRTHPLACE (city or town) (State or country) Baltimore, Md

17. INFORMANT Annie Reynolds (Address) 709 N Carey St

18. BURIAL, CREMATION, OR REMOVAL

Place Greenmount Cem Date July 15, 19 35

19. UNDERTAKER

(Address)

19.. Registrar.

JUL 15 1935 1559

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/15/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/10, 1935, to 7/15/35, 19

I last saw him alive on 7/13, 1935. Death is said to have occurred on the date stated above, at 10 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cause: Prematurity	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) T. Lowe Hayes, M. D.

(Address) 1100 Druid Hill Ave

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 14437

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14437

CERTIFICATE OF DEATH

108

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 242-N. Schroeder St. Ward)

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lee Alston, alias Henry Griffin

(a) Residence: No. 242-N. Schroeder St. Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
male	colored	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Janie Alston

6. DATE OF BIRTH (month, day, year) March 15, 1897

7. AGE Years	Months	Days	If LESS than 1 day hrs. or min.
38	3	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. sugar refinery

10. Date deceased last worked at this occupation (month and year) May - 1934

11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (city or town) (State or country) North Carolina

FATHER

13. NAME Ben alston

14. BIRTHPLACE (city or town) (State or country) North Carolina

MOTHER

15. MAIDEN NAME not Known

16. BIRTHPLACE (city or town) (State or country) North Carolina

17. INFORMANT Janie alston

(Address) 242-N. Schroeder

18. BURIAL, CREMATION, OR REMOVAL

Place Ft. Lincoln Date July 15 19 35

19. UNDERTAKER Chas E. Cotton

(Address) 5141 Pimlico Rd

FILED JUL 15 1935 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7.11.35 19

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1935 to July 11, 1935 19

I last saw him alive on July 11, 1935. Death is said to have occurred on the date stated above, at 5 p. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7.3.35
malnutrition - Secondary anemia	6.20.35

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Phy. Exam. Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ..... 19 .....

Where did Injury occur? .....

(Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place .....

Manner of Injury .....

Nature of Injury .....

24. Was disease or Injury in any way related to occupation of deceased? No If so, specify .....

(Signed) James M. Parr M. D.

(Address) 865-N. Lexington St

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1208-0

F 14438

14438 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

159

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hosp. St., Balto. Ward)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby Boy Johnston.

(a) Residence: No. 1219 Park Ave. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Black	

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year)

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Md Johnson

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place University of Md Date July 5 . 1935

19. UNDERTAKER

(Address)

20. FILED JUL 15 1935 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 10 . 1935

22. I HEREBY CERTIFY, That I attended deceased from July 8 . 1935 to July 10 . 1935

I last saw him alive on July 10 . 1935 Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	2
Bronchopneumonia	?

Other contributory causes of importance:

Name of operation None Date of —

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury . 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leland W. Foster M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V S 3

M. D. B. 1268-9

14439 HEALTH DEPARTMENT—CITY OF BALTIMORE 14439

CERTIFICATE OF DEATH

Registered No. 50

1. PLACE OF DEATH St Agnes' Hospital

CITY OF BALTIMORE: (No. Wilkens & Caton ave 40 St., Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Mrs. Hanna Kearney

(a) Residence: No. 1112 Forrest St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Widowed

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Michael J. Kearney

6. DATE OF BIRTH (month, day, year) Feb. 14, 1868

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
67	4 5	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home work 37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home

10. Date deceased last worked at this occupation (month and year) 1929

11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (city or town) (State or country) Charlestown S. C.

FATHER

13. NAME William Kerby

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Duane

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Son Rev. Wm P. Carney S.J.
(Address) 1112 Forrest St

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross Cemetery Date July 17 1935

19. UNDERTAKER Edmund W. Conklin
(Address) 724 E. Lexington St.

20. FILED [illegible] Registrar.

JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1935 to July 14, 1935

I last saw her alive on July 14, 1935 Death is said to have occurred on the date stated above, at 8 30 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Rt Breast.	1928
Metastic Ca of Lungs	1930

Other contributory causes of importance:

Cardiac Hypertrophy & decompensation 1935

Name of operation Radical excision of Breast Date of 1928

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Simon J. Kemp Jr. M. D.

(Address) St Agnes Hosp.

STATE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14440

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

F 14440

34-9-93-D

Registered No. .....

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 4 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

If U. S. Veteran specify WAR .....

2. FULL NAME Daniel Henry. (Raborg)

(a) Residence: No. 635 Raborge St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	Colored	Widowed.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Separated.

6. DATE OF BIRTH (month, day, year) ~~1856~~ 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
71 ~~77~~			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer. Odd

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME R. P. Henry.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Elizabeth ?

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Records Beh.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Mt Auburn Date 7/16 1935

19. UNDERTAKER Thomas E. Kelson

(Address) 1205 Greenmount St

20. FILED ..... Registrar.

JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/1 1932 to 7/13 1935

I last saw him alive on 7/13 1935 Death is said to have occurred on the date stated above, at 4:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	1 mo
Arteriosclerosis	?
Hypertension	?

Other contributory causes of importance:

over

Was an operation performed? ..... Date of .....

For what disease or injury? .....

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place .....

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No. If so, specify .....

(Signed) Robert A Reiter M. D.

(Address) Balto. City Hosp.

OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1268-9

✓ F 14441

F 14441 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

108

Registered No. .....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH Good Shepherd Hospital

CITY OF BALTIMORE: (No. 1512 N. Gilmore St., 15 Ward)

Length of residence in city or town where death occurred 15 yrs. ... mos. ... ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Christopher C. Wyatt

(a) Residence: No. 1512 N. Gilmore St., ... Ward. ...
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. Color or Race Colored

5. Single, Married, Widowed, or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Annabelle Wyatt

6. DATE OF BIRTH (month, day, year) Jan 1, 1875

7. AGE — Years 60 | Months 6 | Days 13 | If LESS than 1 day ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stationary boiler

10. Date deceased last worked at this occupation (month and year) ...

11. Total time (years) spent in this occupation ...

12. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

FATHER

13. NAME William Wyatt

14. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

MOTHER

15. MAIDEN NAME Louisa Wyatt

16. BIRTHPLACE (city or town) (State or country) Middlesex Co. Va.

17. INFORMANT Hospital Record.
(Address)

18. BURIAL, CREMATION, OR REMOVAL Place Lancaster Co Va Date July 16 1935

19. UNDERTAKER Thomas E. Kelson
(Address) 1303 Presstman St

20. FILED ... 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1935 to July 14, 1935 that I last saw him alive on July 14, 1935 Death is said to have occurred on the date stated above, at 9.54 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-12
Cystitis	5-12

Other contributory causes of importance:

Name of operation none Date of ...

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? ... Date of injury ... 19...

Where did injury occur? ... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of injury ...

24. Was disease or injury in any way related to occupation of deceased? no If so, specify ...

(Signed) W. A. Marshall M. D.

(Address) 1838 Linden Ave

V S 3

SEE CAUSES OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1765-3

F 14442

✓ F 14442

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

x 108

1. PLACE OF DEATH Provident Hospital

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

CITY OF BALTIMORE: (No. 1514 Druid Hill Ave. St., 14 Ward)

Length of residence in city or town where death occurred ... yrs. ... mos. 7 ds. How long in U. S. If of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Howard Green

(a) Residence: No. Union Bridge Md Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
~~Male~~	Colored	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, year) 1895

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
40			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. do do

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Hatty Green

(Address) Union Bridge

18. BURIAL, CREMATION, OR REMOVAL

Place Union Bridge Date July 17, 1935

19. UNDERTAKER R. K. Wright

(Address) Union Bridge Md

20. FILED 7 15 1935 Huntington Williams, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-8, 1935, to 7-15, 1935

I last saw h[illegible] alive on 7-15, 1935 Death is said to have occurred on the date stated above, at 1.30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	7-4-35

Other contributory causes of importance:

Pneumonia Septicemia	

Name of operation ... Date of ...

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ... Date of Injury ..., 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place ...

Manner of injury ...

Nature of Injury ...

24. Was disease or injury in any way related to occupation of deceased? If so, specify ...

(Signed) B. Harris M. D.

(Address) Provident Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B 1268-9

F 14443

14443

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

183

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Foot of Decatur St. St., 24 Ward)

Length of residence in city or town where death occurred 10 yrs. [illegible] mos. [illegible] ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Michael Bijan.

(a) Residence: No. 1233 Hull St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of ----------

6. DATE OF BIRTH (month, day, year) October 6, 1917

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	17	10	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Wilmington, Del.

FATHER

13. NAME DeMitro Bijan.

14. BIRTHPLACE (city or town) (State or country) Austria.

MOTHER

15. MAIDEN NAME Anna Bononos.

16. BIRTHPLACE (city or town) (State or country) Austria.

17. INFORMANT DeMitro Bijan. (father)
(Address) 1233 Hull St.

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Cross 946 Date July 16 . 19 35

19. UNDERTAKER Chas. L. Stevens
(Address) 501 E Fort Ave

FILED 15 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 12, 1935. 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19 . to [illegible], 19

I last saw h alive on [illegible], 19 . Death is said to have occurred on the date stated above, at 2 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning.	
Unite in swimming.	

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Inquiry Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury . 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) Otto Steinhardt, M. D. Coroner

7/13/35 (Address) 1017 E. Charles St.

OCCUPATION is very important. See instructions on back of certificate.

M. D. P. 1268-9

F 14444

F 14444 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 231 Augusta Ave, St., 70 Ward)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Lawrence J. Mc Hugh.

(a) Residence: No. 231 Augusta Ave, St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Mc Hugh

6. DATE OF BIRTH (month, day, year) May 26 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	81	1	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Dalton Md.

FATHER

13. NAME Thomas Mc Hugh

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Farrell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Lawrence J. Mc Hugh Jr.
(Address) 401 Warren Ave

18. BURIAL, CREMATION, OR REMOVAL
Place Cathedral Date July 16 - 35

19. UNDERTAKER Margaret E. Flynn
(Address) 2107 N. Milton Ave

20. FILED Huntington Williams Registrar

JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/13 35

22. I HEREBY CERTIFY, That I attended deceased from 1/10 1935 to 7/12 1935

I last saw him alive on 7/12 1935 Death is said to have occurred on the date stated above, at 6 30 a. m.

The **principal cause of death** and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency

Other contributory causes of importance:

Senility
Chronic Myocarditis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in **industry**, in **home**, or in **public place**

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Alden A Chandler M. D.

(Address) 4209 Fredrick Ave.

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. F. 1268-9

F 14445

14445 HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

93-C

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 1715 N.Bond St. St., 8 Ward)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Otto B.Fischer

(a) Residence: No. 1715 N.Bond St. St., Ward.
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C.Fischer

6. DATE OF BIRTH (month, day, year) Nov.6 1859

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
75	76	8	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired floorman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hochschild Kohn Co.

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town) (State or country) Germany

FATHER

13. NAME Emil Fischer

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Marie

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Mary C.Fischer
(Address) 1715 N.Bond St.

18. BURIAL, CREMATION, OR REMOVAL
Place Baltimore Cem. Date July 16 1935

19. UNDERTAKER Henry H. Amacker & Son
(Address) 4204 Ridgewood Ave.

20. FILED JUL 15 1935 Huntington Williams, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14/ 1935

22. I HEREBY CERTIFY, That I Attended deceased from 4/29/35 to 7/14/35
I last saw him alive on 7/13/35 Death is said to have occurred on the date stated above, at 7 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute cholecystitis with Lithiasis	4/29/35
Myocarditis -	4/29/35
Other contributory causes of importance: Cardiac insufficiency	7/14/35

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Hugo A Bauden M. D.

(Address) 1517 E. North Ave.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. 1938-9 F 14446 F 14446

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

xv/131

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Woman's Hosp. St. 1 W. Ward)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Susan Helen Bradford

(a) Residence: No. 15 Monumental Rd Ward Balto. Co. Md

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Female	white	Married

5a. If married, widowed, or divorced (Not) WIFE of Joseph Bradford

6. DATE OF BIRTH (month, day, year) July 18, 1896

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	38	11	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Syracuse, N.Y.

FATHER

13. NAME John Yohr

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth (Unknown)

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Theresa Johnston

(Address) 6311 Fait Ave.

18. BURIAL, CREMATION, OR REMOVAL Syracuse N. Y. Date July 15, 1935

19. UNDERTAKER Philip Stirling Sons

(Address) 2016 Fenlans Ave

20. FILED JUL 15 1935 19 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1935 to July 15, 1935

I last saw her alive on July 15, 1935 Death is said to have occurred on the date stated above, at 7.45 p m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Myocardial Insufficiency~~	?
Aortic Insufficiency	?
Hypertensive Heart Disease	?

Other contributory causes of importance:

Chronic nephritis	?

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? — Date of injury — , 19

Where did injury occur? — (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place —

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no If so, specify —

(Signed) Elinor Wilson Zeidler, M. D.

(Address) Hosp. for Women of Md.

State CAUSE OF DEATH in plain terms, so that it may be properly classified. EXACT statement of OCCUPATION is very important. See instructions on back of certificate.

M. D. B. F 14447

F 14447

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

53-a

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. University Hospital St. 15 Ward)

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

2. FULL NAME Joan Marie Chenowith.

(a) Residence: No. 1633 McKean St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. Color or Race: White

5. Single, ~~Married, Widowed, or Divorced (write the word)~~: Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year): April 9th 1933

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	3	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) X

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country): Balto Md

FATHER

13. NAME: Joseph Chenowith

14. BIRTHPLACE (city or town) (State or country): Balto Co Md

MOTHER

15. MAIDEN NAME: Violet Harris

16. BIRTHPLACE (city or town) (State or country): Tilghmans Md

17. INFORMANT: Joseph T. Chenowith

(Address): 1633 McKean Ave

18. BURIAL, CREMATION, OR REMOVAL

Place: Druid Ridge Date: July 17th 1935

19. UNDERTAKER: Wm Cook

(Address): 1217 St Paul St

[illegible] Lexington Pollevues MD

JUL 15 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year): July 15 1935

22. I HEREBY CERTIFY, That I attended deceased from April 7 1935 to July 15 1935, I last saw her alive on July 15 1935. Death is said to have occurred on the date stated above, at 10:11 A.m.

The principal cause of death and related causes of importance were as follows:

EMBRYOMA

Embryoma - Rt Kidney. Date of onset 3/29/35

Fatal stricture 6/8/35

Other contributory causes of importance: Cachexia.

Name of operation Gastrostomy - Rt Kidney Date of 4/26/35

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

21. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Howard Sturdevant Jr. M. D.

(Address) University Hospital

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14448

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14448

CERTIFICATE OF DEATH

191

1-PLACE OF DEATH: Franklin Square Hospital — REGISTERED NO.

CITY OF BALTIMORE: Fayette & Calhoun ST. 77 WARD)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME: William A Stapf

(a) RESIDENCE No. 5102 Elmer Ave ST. WARD

(Usual place of abode) (If non-resident give city or town and State)

Length of residence in city or town where death occurred: Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced, (write the word)
Male	White	Divorced

5a If married, ~~widowed~~ divorced HUSBAND of ~~wife~~ Fannie Stapf

6 DATE OF BIRTH (month, day and year) Aug 14 1897.

7 AGE	Years	Months	Days	If LESS than 1 day, hrs or min.
	37	11	1	

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Laborer

(b) General nature of industry, business, or establishment in which employed (or employer): U. S. Govt

(c) Name of employer: U S Government

9 BIRTHPLACE (city or town) (State or country): Baltimore Md

PARENTS

10 NAME OF FATHER: John A Stapf

11 BIRTHPLACE OF FATHER (city or town) (State or country): Maryland

12 MAIDEN NAME OF MOTHER: Kate Moore

13 BIRTHPLACE OF MOTHER (city or town) (State or country): Baltimore Md

14 Informant: Katie Stapf (Address) 5102 Elmer Ave

15 Filed JUL 16 1935 Huntington Williams, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year): July 15 1935

17 I HEREBY CERTIFY, that I attended deceased from July 13, 1935, to July 15, 1935, that I last saw h alive on July 15 1935 and that death occurred, on the date stated above, at 10 05 A. m.

The CAUSE OF DEATH was as follows:

Heat Exhaustion

(duration) yrs. mos 4 ds.

CONTRIBUTORY (Secondary) Hasnophilia

(duration) 8 yrs. mos. ds.

18 Where did disease contracted if not at place of death? Place of Employment (Fort McHenry)

Did an operation precede death? no Date of

Was there an autopsy? no

What test confirmed diagnosis? Clinical

(Signed) Hubert Darley, M. D.

, 19 (Address) 5142 Park Heights Ave

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL: Lorraine — DATE OF BURIAL: 7/16/ 1935

20 UNDERTAKER: Wm Cook — ADDRESS: 1217 St Paul st

IMPORTANT: Use only blue or black ink or indelible pencil. Do not write in margins. Do not use abbreviations or signs. Exact statement of OCCUPATION and CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificates.

F 14449

HEALTH DEPARTMENT—CITY OF BALTIMORE

F 14449

CERTIFICATE OF DEATH

176

Registered No. 15

1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Maryland Funeral Home St. (Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred 2 yrs. mos. da. How long in U. S. If of foreign birth? yrs. mos. da.

If U. S. Veteran specify WAR Norwood

2. FULL NAME Louis Schaub

(a) Residence: No. 2704 Copley Rd St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. ~~Single, Married~~, Widowed, ~~or Divorced~~ (write the word)
Male	White	Widowed

5a. If ~~married, widowed, or divorced~~ HUSBAND of (or) WIFE of Minna V. Schaub

6. DATE OF BIRTH (month, day, year) June 21st 1870

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
65	0	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gent Furnishings

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business

10. Date deceased last worked at this occupation (month and year) June 1935

11. Total time (years) spent in this occupation X

12. BIRTHPLACE (city or town) (State or country) Balto Md

FATHER

13. NAME Otto Schaub

14. BIRTHPLACE (city or town) (State or country) Germany

MOTHER

15. MAIDEN NAME Elizabeth Gerber

16. BIRTHPLACE (city or town) (State or country) Germany

17. INFORMANT Otto Schaub

(Address) 4805 Gwynn Oak Ave

18. BURIAL, CREMATION, OR REMOVAL

Place London Park Date July 11 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

Burlington Williams, Nyc

JUL 16 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) July 15 1935

22. I HEREBY CERTIFY, That I attended deceased from June 28 1935 to July 15 1935

I last saw him alive on July 15 1935 Death is said to have occurred on the date stated above, at 5.55 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Cholecystitis & Cholelithiasis	
Other contributory causes of importance: Chronic myocarditis & cardiac failure	

Was an operation performed? Yes Date of 6-29-35

For what disease or injury? Cholecystitis

Name of operation Cholecystectomy Date of 6-29-35

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Chas W Barnaby M. D.

(Address) Maryland Funeral Hosp.

STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

F 14450 F 14450

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF DEATH

82-a

Registered No.

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. Balto. City Hosp. St., 23 Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Eagan

If U. S. Veteran specify WAR No

(a) Residence: No. 23 W Lee St., Ward.

(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. Color or Race	5. Single, Married, Widowed, or Divorced (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Feb 18th 1866

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	4	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Balto City Hosp

10. Date deceased last worked at this occupation (month and year) 1925

11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (city or town) (State or country) Balto. Md.

FATHER

13. NAME Michael Eagan

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Katherine Kelley

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Records Bd H.

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Cross a.a.B. Date July 10th 1935

19. UNDERTAKER Wm Cook

(Address) 1217 St Paul St

19. FILED JUL 16 1935 Huntington Ave Cemetery Baltimore, Md.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 7/14 1935

22. I HEREBY CERTIFY, That I attended deceased from 7/10 1935 to 7/14 1935

I last saw him alive on 7/14 1935 Death is said to have occurred on the date stated above, at 7.15 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage?	
Other contributory causes of importance: Arteriosclerosis	?

Was an operation performed? Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes.

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No - If so, specify

(Signed) Robert G Reiter M. D.

(Address) Balto City Hosp

State CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

CITY HALL
BALTIMORE 2 MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 17th DAY September

OF 1965 THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH #F 11421 April 1, 1935 AND

ENDING WITH #F 14450 July 16, 1935 ARE AC-

CURATE AND COMPLETE REPRODUCTIONS OF THE

RECORDS OF THE DEPARTMENT OF Health

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

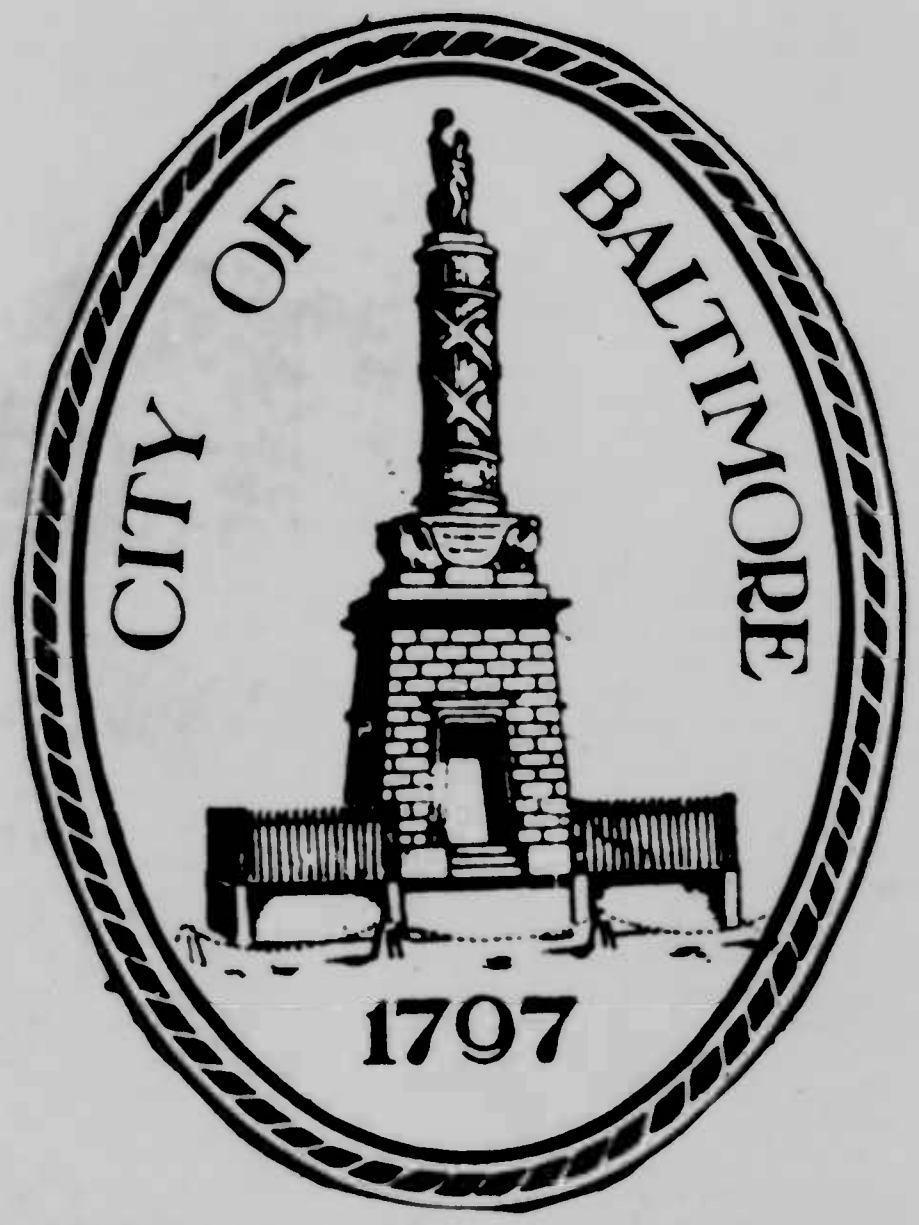
TO THE BEST OF MY KNOWLEDGE THE MICROFILM

MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU

OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC

COPY.

CAMERA OPERATOR: D. MacFaul



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